

Thank you for your interest in fostering. We do not always have animals in need of foster homes, but if your application is approved, we will contact you when a suitable fostering opportunity arises.

SECTION A: APPLICANT(S) INFORMATION

1. First & Last Name:

Applicant #1 _____

Applicant #2 _____

2. Full Street Address (including unit #)

City:	Province:	Postal Code:

3. Phone:

#1 _____

#2 _____

4. Email:

#1 _____

#2 _____

5. Applicant #1 Age: 19-30 31-40 41-50 51-60 61-70 71+

Applicant #2 Age: 19-30 31-40 41-50 51-60 61-70 71+

6. Employed Student Retired Other: _____

If employed, do you work: At home Shift work Part time Full time Other _____

7. Are all household members in agreement regarding fostering a pet? Yes No

If No, please explain: _____

8. Do you have reliable access to a vehicle? Yes No

If No, how will you transport the foster pet to/from the shelter and veterinary appointments?

SECTION B. HOUSEHOLD INFORMATION

9. Describe your household

- Very quiet Not very busy Moderately busy Very busy

10. How many people live in your household? _____

11. Are there children under 18 years old? Yes No If Yes, please state ages: _____

12. How much time per day do you have to commit to the foster pet?

- 1-2 hours 2-4 hours 4-6 hours 6+ hours

13. How many hours will the foster pet(s) be left alone: On weekdays? _____ On weekends? _____

14. Do you have a space for the foster pet(s) to be isolated, if necessary (such as a spare room)?

- Yes No

15. Do you have a secure fenced yard? Yes No Height/Material: _____

16. Does your home have stairs? Yes No

17. Type of home: House Townhouse Apartment/Condo Suite in House Other _____

18. Do you: Own Rent

***If renting, you must provide landlord contact information and/or written approval or we cannot process the application.** Completed? Yes No Not Applicable

Landlord contact Information: _____

****If strata (rent or own), you must attach a copy of the bylaw section regarding pets or we cannot process the application.** Completed? Yes No Not Applicable

C. PET OWNERSHIP INFORMATION
Current pets living in your home:

Name	Type of pet (species & breed)	Age	Spayed/ Neutered?	Up to date on vaccines?

19. If your current pets are not altered or current on their vaccines, please explain why:

20. Do any of your current pets have notable medical conditions? If so, please explain:

Previous pets you cared for as an adult (i.e. not childhood pets)

Name	Type of pet (species & breed)	Age	What Happened to Them?

D. REFERENCES

21. Personal Reference – Name & Relationship (no family members)	Phone:
22. Veterinary Reference #1 (for current and/or previous pets)*	Phone:
Veterinary Reference #2 (for current and/or previous pets)*	Phone:
*Please advise us if the vet file is under a different name than your own.	

E. FOSTER PLACEMENT INFORMATION

23. What species of animals are you able to foster?

- | | | |
|--------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Cats | <input type="checkbox"/> Rabbits |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Reptiles | <input type="checkbox"/> Small Animals (guinea pigs, rats, etc) |

24. What type of animals are you able to foster?

- | | |
|---|--|
| <input type="checkbox"/> Ill or injured, needing treatment | <input type="checkbox"/> Nursing mother w/young |
| <input type="checkbox"/> Senior, needing palliative care | <input type="checkbox"/> Orphaned animals needing bottle-feeding |
| <input type="checkbox"/> Animals needing socializing & training | <input type="checkbox"/> Young, weaned animals |

25. Preferred length of placement:

- | | |
|--|--|
| <input type="checkbox"/> Short-term (1-3 months) | <input type="checkbox"/> Long-term (3+ months) |
|--|--|

26. What medical care are you willing to provide?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Injections (e.g. insulin) |
| <input type="checkbox"/> Oral Medication | <input type="checkbox"/> Sub-cutaneous fluids (needle under skin) |
| <input type="checkbox"/> Topical Medication | |

27. What kind of behaviour are you willing to work with?

- | | |
|--|---|
| <input type="checkbox"/> Aggression / Reactivity toward people | <input type="checkbox"/> Aggression / Reactivity toward other animals |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Leash Manners |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Jumping |
| <input type="checkbox"/> Fearful / Shyness | <input type="checkbox"/> Prey Drive |
| <input type="checkbox"/> Mouthing | <input type="checkbox"/> House Training / Litterbox Training |
| <input type="checkbox"/> Scratching furniture | <input type="checkbox"/> Resource Guarding toward people |
| <input type="checkbox"/> Dietary Issues | <input type="checkbox"/> Resource Guarding toward other animals |

28. Pending approval, when are you available to pick up the foster pet(s): _____

(Shelter hours are 10:30 am – 3:30 pm)

I consent that the information provided on this application is true and comprehensive, and that I am at least 19 years of age. I consent to NWAS phoning the references provided above.

Signature of Applicant #1: _____

Date: _____

Signature of Applicant #2: _____

Date: _____

FOR STAFF USE ONLY:

Staff: please record date and your initials

Personal Reference: _____

Veterinary Reference(s): _____

Staff Notes/Observations: _____

Communication with Applicant: _____

Call back date: _____

Application Approved:

Yes
Yes

No
No

Staff Initial: _____

Staff initial: _____