

FOSTER APPLICATION

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?

FOSTER APPLICATION**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 ☐ No15. Do you have a secure fenced yard? ☐ Yes ☐ No Height/Material: _____16. Does your home have stairs? ☐ Yes ☐ No17. 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

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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.	

FOSTER APPLICATION**E. FOSTER PLACEMENT INFORMATION**

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

- | | | |
|--------------------------------|-----------------------------------|---|
| ☐ Dogs | ☐ Cats | ☐ Rabbits |
| ☐ Birds | ☐ Reptiles | ☐ Small Animals (guinea pigs, rats, etc) |

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

- | | |
|---|--|
| ☐ Ill or injured, needing treatment | ☐ Nursing mother w/young |
| ☐ Senior, needing palliative care | ☐ Orphaned animals needing bottle-feeding |
| ☐ Animals needing socializing & training | ☐ Young, weaned animals |

25. Preferred length of placement:

- | | |
|--|--|
| ☐ Short-term (1-3 months) | ☐ Long-term (3+ months) |
|--|--|

26. What medical care are you willing to provide?

- | | |
|---|---|
| ☐ None | ☐ Injections (e.g. insulin) |
| ☐ Oral Medication | ☐ Sub-cutaneous fluids (needle under skin) |
| ☐ Topical Medication | |

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

- | | |
|--|---|
| ☐ Aggression / Reactivity toward people | ☐ Aggression / Reactivity toward other animals |
| ☐ Separation Anxiety | ☐ Leash Manners |
| ☐ Barking | ☐ Jumping |
| ☐ Fearful / Shyness | ☐ Prey Drive |
| ☐ Mouthing | ☐ House Training / Litterbox Training |
| ☐ Scratching furniture | ☐ Resource Guarding toward people |
| ☐ Dietary Issues | ☐ 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: _____

FOSTER APPLICATION**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: _____