



FOSTER PARENT APPLICATION

Thank you for your interest in our foster care program. Before taking an animal home we require that you fill out this form. It provides us with information needed to help ensure the animal placed with you is a good match.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE (RES): _____ PHONE (CELL): _____

Email Address: _____

OCCUPATION/EMPLOYER: _____

May we call you at work? _____ PHONE (BUS): _____

FAMILY COMPOSITION:

Number of adults in the family: _____

Number of Children: _____ Ages: _____

Pets in household: _____

If you have pets in the family, please provide the following information: type, age, are they spayed/neutered, last date of vaccination, vet clinic your animal(s) go to:

Please Note: The shelter makes every attempt to ensure foster animals are free from external parasites prior to going into your home, but there is always a risk that diseases or parasites (fleas, internal parasites) could be transmitted to your pet(s).

LIVING ARRANGEMENTS:

Townhouse _____ If apartment: Basement _____

Apartment _____ Large building _____

House _____ Renovated house _____

Condo _____

Do you: Rent _____ or Own _____



If you rent, may we contact your landlord to verify that he/she has no objections to your participation in the foster program? Please provide your landlord's name & phone number.

FOSTERING ARRANGEMENTS

What is the reason you wish to foster an animal?

Is your tetanus vaccine up to date? YES or NO

Please check off which type of animal(s) you would like to foster:

- Pregnant cats*
- Pregnant dogs*
- Orphan kittens requiring round the clock bottle feeding*
- Orphan kittens eating on their own*
- Puppies requiring bottle feeding*
- Puppies requiring socialization*
- Dogs with medical or behavioural problems*
- Cats with medical or behavioural problems*
- Small animals, birds, reptiles, ferrets*
- Farm animals*

Do you have any cages or equipment of your own that you plan to use? If so, what?

Indicate time span you prefer to foster:

2-3 weeks_____ 6-8 weeks_____ 3-4 mos._____ other_____ as long as necessary _____

Where would you intend to keep the animal you are fostering (area of the home)?

Will any other member of the family be involved in the cleaning and feeding of the foster animal?

Please describe any experience you have relating to the type of animal you wish to foster.

Do you currently foster for any other organization? Have you in the past?

If you have any questions regarding this application, please contact:

Community Outreach and Education Department
Oakville & Milton Humane Society
445 Cornwall Road
Oakville, Ontario L6J 7S8

(905) 845-1551 ext 305
coe@omhs.ca