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:	
TOWN:	POSTAL CODE:
PHONE (RES):	PHONE (BUS):
OCCUPATION/EMPLOYER	R:
May we call you at work? _	
FAMILY COMPOSITION:	
Number of adults in the fam	nily:
Number of Children:	Ages:
Pets in household:	
	ly, please provide the following information: type, age, are date of vaccination, vet clinic your animal(s) go to:
contagious to same species	e place into foster homes have parasites or illnesses that are spets. It is important that pets have the maximum when fostering a stray animal.
LIVING ARRANGEMENTS	<u> </u>
Townhouse Apartment House Condo	If apartment: Basement Large building Renovated house
Do you: Rent or	Own

If you rent, is there a problem with contacting your landlord to verify that he/she has no objections to your participation in the foster program? Landlord's name and phone number: FOSTERING ARRANGEMENTS		
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.	
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Do you currently foster for any other organization? Have you in the past?	
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