**Foster Home Application Form**

**Personal Profile:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have other animals? Yes No

If yes, please provide your Veterinarian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_

And complete the following list:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Species | Breed | Age | Sex | Spayed or Neutered Y/N | Date of Last Vaccinations  (Please include Bordetella date for canines & rabies date for both canine and feline) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please initial indicating that you understand and agree to the following:

\_\_\_\_\_\_\_ In the event of my foster animal becoming ill or injured I agree to notify the Pincher Creek Humane Society/SPCA Facility Coordinator immediately of the illness or injury.

\_\_\_\_\_\_\_ I understand that all veterinary appointments will be arranged by the Pincher Creek Humane Society/SPCA facility coordinator.

\_\_\_\_\_\_\_ The Pincher Creek Humane Society/SPCA values itself as a no kill facility, meaning that we do not euthanize due to time or space constraints, reserving euthanasia for animals who are suffering mentally or physically, terminally ill, or considered dangerous to themselves, other animals, and/or humans. Given the sensitivity of the practice of euthanasia all euthanasia cases will only be approved by the Pincher Creek Humane Society/SPCA Facility Coordinator in consultation with a qualified veterinarian.

\_\_\_\_\_\_ I authorize the Pincher Creek Humane Society/SPCA to conduct an on-site inspection of the premises where the animal will be fostered.

**Animal Interests:**

Please indicate which animals you are interested in fostering (circle all that applies):

Orphaned newborn kittens Orphaned newborn puppies

Kittens of age to eat kitten food Adult large dogs

Cats Adult small dogs

Nursing and/or pregnant cats Puppies of age to eat puppy food

Injured cats Injured dogs

Cats with behavioural issues Dogs with behavioural issues

Palliative care animals Nursing and/or pregnant dogs

**Housing status:**

Do you own or rent your house? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If rental please provide Landlord contact information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle all that apply):

House Apartment Farm Acreage Fenced yard

Dog run Dog House Cat Tree Litter Boxes Scratching Posts

Please describe the area where the foster animal(s) will be housed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please indicate the amount of time per day that you are able to dedicate to your foster animal(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe why you want to become a foster volunteer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*I certify that the above information is true and correct. I understand that any falsification of the above information will be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of the Pincher Creek Humane Society/SPCA.*

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***