



Foster Application

Congratulations! You're taking the first steps to becoming an active participant in an exciting program that provides worthy pets with the attention and environment they need to get adopted if you have any question, please ask our foster coordinator.

First, let's start with the bare necessities. In order to be a good candidate for the fostering program we ask that you:

- **Be at least 18 years of age (photo ID may be required)**
- **Must have an established residence. If you rent you must be able to provide documentation from your landlord, Parent or property owner, stating that you are allowed animals in your care.**
- **We do reserve all right to deny applications and to revoke foster status.**

Personal Information

NAME:		DATE:	
ADDRESS:			
CITY:		PROVINCE:	
		POSTAL CODE:	
HOME PHONE #:	WORK PHONE #:	CELL PHONE #:	
EMAIL ADDRESS:			
Do you own the property listed above?	If no, who owns the property?	Property owners phone number?	
Occupation or job title:	Employer name/phone number		

How would you rate your ability to care for animals?

<input type="checkbox"/> Beginner I've never owned a pet.	<input type="checkbox"/> Somewhat I've only had a pet or two in my life but I'm confident in caring for them.	<input type="checkbox"/> Average I have had cats and/or dogs on and off all my life and am comfortable providing them with care with no reservations	<input type="checkbox"/> Advanced I am confident caring for all kinds of animals with all types of temperaments and medical needs. I would know how to handle an emergency situation
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Home Environment

Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are the ages of the children that reside with you?	
Do you have other pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	
Are your current pets spayed or neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are your current pets up to date on all vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your residence have pet allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	
Who will be the primary care giver to the animal(s)	How many hours a day will the foster animal receive human contact?	Can the area that you keep the foster be closed off from the rest of the house?	
Describe the area:			
Do you have access to reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you willing to take a cab or other means if necessary?	

Why do you want to be a foster?

What do you prefer to foster? (check all that apply)

Puppies Dogs (small to medium) Dogs (medium to large) Cats Kittens Mothers with litters Litters with no mother

Declaration and Authorization

I swear that all information I've provided in this application is truthful and complete to the best of my knowledge. I have read the SPCA policies and agree to comply with the term and conditions listed in the application or depicted to me by the foster coordinator. I further authorize the Foster Coordinator or their designate to collect information as I've agreed in this application.

Signature of applicant	Date
Signature of Foster Coordinator	Date

Office use only

Date:	Property Owner approval received: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	ID verified by(initial)
Reason for denial:	Date