

BRANT COUNTY SPCA
Foster Care Application

Name: _____ Date: _____
Address: _____ City: _____
Postal Code: _____ Home phone #: _____ Alternate: _____

1. Please describe your reasons for wanting to be a foster care volunteer with the SPCA:

2. Are you 18 years of age or older? YES NO

1. Do you rent or own your home? RENT OWN

If you rent, we require your landlord's consent for you to keep animals in your home.

Landlord's name: _____ Phone #: _____

2. How many people are in your household:

Adults: _____ Children (please include ages): _____

3. Do you work: FULL TIME PART TIME HOME DURING THE DAY

4. Do you have access to a vehicle?

YES NO

5. Do any members of your household have:

Allergies Fears towards any animals

Please explain: _____

6. Which members of your household would be involved in caring for fostered animals?

7. Have you fostered animals for this branch or any other shelter before?

YES NO

If yes, please explain: _____

1. What experience do you have providing care to animals?

2. Are there any animals currently in your home? If so, please describe them:

TYPE OF ANIMAL	BREED	SEX	SPAYED/NEUTRED	AGE	LAST VACCINE

3. Which veterinarian do you use for your pets? _____

4. Do you have an area in your home in which fostered animals can be kept isolated from your household pets? If yes, please describe: _____

5. What category of animals is you interested in fostering?

- Pregnant/nursing cats (8-16 weeks)
- Orphan kittens (2-12 weeks)
- Healthy cats (1-8 weeks)
- Pregnant/nursing dogs (8-16 weeks)
- Orphan puppies (2-12 weeks)
- Healthy dogs (1-8 weeks)

6. Do you have experience with the type of foster care you have indicated an interest in providing? Please explain: _____

1. Where will the animal(s) be kept:
 During the day? _____ At night? _____
 When you are not home? _____

2. How many hours a day will the animal be left alone? _____

3. If you are interested in fostering dogs:
 Do you have a fenced yard?

- YES
- NO

Are you willing/able to spend time:

- Training a dog
- Exercising a dog
- Eliminating behavioural problems (i.e. Barking, jumping, house soiling)

4. If you are interested in fostering cats:
 Will the cat be kept:

- INDOORS
- OUTDOORS
- BOTH

Are you willing/able to spend time:

- Training a cat
- Playing with a cat
- Eliminating behavioural problems (i.e. scratching, jumping, house soiling)

5. Are you willing/able to bring the animal back to the shelter for check-ups?

- YES
- NO

6. Are you willing/able to bring the animal to an emergency clinic at night (if necessary)?

- YES
- NO

7. Are you willing to attend a foster care orientation on a weekend or weeknight prior to fostering?

- YES
- NO

8. Please list the names and phone numbers of three references:

Name: _____	Home #: _____	Alternate: _____
Name: _____	Home #: _____	Alternate: _____
Name: _____	Home #: _____	Alternate: _____

How did you find out about the Brant County SPCA foster program: _____

Please submit one piece of identification (i.e. driver's license) to the shelter technician when submitting application:

ID type: _____ ID #: _____

Please read the following carefully:

The decision to become a foster parent is a great one. Choosing to bring an animal into your home on a temporary basis can be very rewarding, but can also be tough when it's time to bring the animal back to the shelter. We ask that you make this decision with all members of your family and that you be aware of the responsibility involved in being a foster parent. Once your application has been processed, you will be called by a foster care coordinator, and may be scheduled for a home visit by a foster care coordinator. This extensive process is to ensure the protection and well being of the animals in our care. We thank you in advance for your co-operation.

Foster Care Agreement

I understand that it is my responsibility to ensure that animals for which I provide foster care are kept safe and secure and provided with the requirements for their daily care and well-being.

I fully understand that these animals are in my care on a temporary basis only, and belong to the Brant County Branch of the Ontario SPCA. I further understand that the purpose of this foster care arrangement is solely to provide care for this animal, and that any decisions regarding the animal's health, treatment or final disposition must be made or authorized by the Shelter Manager. I also agree that when the animal is ready to be made available for adoption, I will return it to the Brant County SPCA.

I understand that the OSPCA cannot guarantee the health of the animal(s) that are fostered out, and release the OSPCA from any responsibilities or claims that may arise from my own animal's exposure to them.

I hereby give the OSPCA authority to obtain a copy of my pet's medical records from my veterinarian.

Foster Care Provider

SPCA Representative

Date: _____

Date: _____

EVALUTION (to be filled out by staff)

Staff Comments: _____

_____ Initial: _____

Reference #1: _____

_____ Initial: _____ Date: _____

Reference #2: _____

_____ Initial: _____ Date: _____

Reference #3: _____

_____ Initial: _____ Date: _____

Animals UTD: S/N:
 YES YES Initial: _____
 NO NO

Comments: _____

Animals permitted in house/apartment:
 YES Initial: _____
 NO

Home check: Comments: _____
 YES _____
 NO Initial: _____

Approval pending: _____

Above completed: Date: _____ Initial: _____

Decision:
 Approved Date: _____ Initials: _____
 Denied Reasons/Comments: _____

Approved for:
 DOGS _____
 CATS _____

Pregnant/Nursing Orphans Healthy