

Brant County SPCA
539 Mohawk St.
Brantford, ON
N3T 5M8
519-756-6620
Fax (519) 756-6910



Foster Care Application

I AM INTERESTED IN PROVIDING FOSTER CARE FOR THE FOLLOWING (please check all that apply).

- S.O.S. (Sleep Over and Socialize) MEDICAL FOSTER TEAM TINY HEARTS (bottle feeders)
- Dogs: Neonate Puppies without Mother Small Litter Larger Litter Mother with Litter Adult Dog
- Cats: Neonate Kittens without Mother Small Litter Large Litter Mother with Litter Adult Cat

1. PERSONAL INFORMATION (please print)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone (____) ____ - _____

Work Phone (____) ____ - _____

Cell Phone (____) ____ - _____

Email: _____

Driver's License No. _____

Date of Birth: (MM/DD/YYYY) _____

2. HOUSEHOLD INFORMATION

Living Accommodations:

Rent Own Home Other _____

Landlord/Apt. Manager's name/Phone # _____

Does your lease allow pets? Yes No

Describe the area where your foster animal(s) will be kept

Do you have a fenced-in yard? Yes No

3. SCHEDULING INFORMATION

What days of the week would you prefer for foster rechecks?
(circle)

Monday/Tuesday/Wednesday/Thursday/Friday/Saturday
And what time? _____

4. ANIMAL CARE INFORMATION

Do you have pets of your own at this time? Yes No

Please list the pets you currently own (use back of sheet if needed)

<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Spayed/Neutered?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name/address of your present veterinarian _____

Have you had pets before? Yes No

Where did you hear about our Foster Care Program?

5. EMERGENCY CONTACT

(Please list someone outside of your household)

Name: _____

Phone Number: (____) ____ - _____