321 3rd Avenue E

P.O. Box 2126

Hanna, AB T0J 1P0

**403.854.3700**

Email: info@hannaspca.com www.hannaspca.com

**Foster Care Application**

**Contact Information:**

Name: Phone (Day):

Address: Phone (Cell):

Email:

**Please provide 3 references:** (co-workers, veterinarian, pet-sitters, etc)

Name: Phone (Day):

Relationship: Phone (Cell):

Name: Phone (Day):

Relationship: Phone (Cell):

Name: Phone (Day):

Relationship: Phone (Cell):

**Questionnaire:**

1. Housing status
   1. Own
   2. Rent
   3. Other

Landlord name & Phone number (if applicable)

1. Are you allowed to house animals?  **Y / N**
   1. What kind?
   2. How many?
2. Do all adult members of the household want to foster? **Y / N**
3. How many children live in your home and what are their ages?
4. Would you be willing to care for a pet that is ill and/or needs medication or is disabled in some way? **Y / N**
5. Do you think your pets will get along with a foster pet? Why/why not?
6. Are there any requirements you have for a foster pet (ie size, temperament, age, gender, etc)? **Y / N**

If yes, please specify.

1. Could you foster more than one pet at a time? **Y / N**

If yes, how many?

1. What kind of pets are you interested in fostering?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Dogs over 6 months |  | Cats over 6 months |
|  | Dogs under 6 months |  | Cats under 6 months |
|  | Mother dog with newborn puppies |  | Mother cat with newborn kittens |
|  | Orphaned newborn puppies |  | Orphaned newborn kittens |

1. How long will you be able to foster a pet?
   1. 1 – 3 days only
   2. Up to 1 week
   3. Up to 2 weeks
   4. Up to 1 month
   5. As long as needed
   6. Other:
2. How many hours during the day will the foster be left alone?
3. Where will the foster be kept during the day when you are out?
4. Where will the foster be kept while you are at home and at night?
5. Do you have a fenced yard? **Y / N**

If yes, what kind? Height

1. Do you have all of the supplies to care for a foster pet? **Y / N**

If no, what will the SPCA need to provide?

1. Is this your first experience fostering a pet? **Y / N**

Comments:

1. What training methods are you familiar with?
2. Would you be willing to transport a foster pet to vet appointments and adoption events? **Y / N**
3. Please tell us anything else about yourself or your family that you feel this organization needs to know. (ie: previous experiences, why you want to foster, other groups you have worked with, etc)

**Personal Pet Profile:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** | **Breed** | **Sex** | **Age** | **Up-to-date Vaccinations** | **Spayed/neutered** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Do any of these pets have special needs and how are they treated?

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of the rescue organization and I authorize them to conduct an on-site inspection of the premises where the animal will be kept.

Signature: Date:

*The information on this application is strictly confidential and will not be shared with anyone outside the Hanna & District S.P.C.A. unless permission is granted by the applicant.*