

Personal Information

ID Check **For office use only - P#**

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Postal Code: _____

Phone # (h): _____ Phone # (c): _____

E-mail: _____

HSDR uses e-mail as our primary means of communicating with foster parents. Please fill out your most frequently used e-mail address.

Are you over 18 years old: Yes No

Are you employed? Yes No Occupation: _____

If yes, please explain: _____

Emergency Contact Name: _____

Phone #: _____ Relationship: _____

Foster Information

Can you commit to being a foster parent for at least six months? Yes No

Have you fostered before? No Yes -for which organization? _____

If yes what animals did you foster? _____

Do you have any conditions that may affect your foster work? Yes No

If yes, please explain: _____

Do you have access to a vehicle? Yes No

It is required that all foster parents have their own transportation to and from HSDR in case of emergencies.

Your Home

Do you: Own Rent

If you rent, does your landlord support your participation in the foster program? Yes No

Do you have access to a yard? Yes No

Does your home have stairs? Yes No

How many members in your household? _____ If under 18 years old, ages of kids: _____

During what hours is someone in your household at home? _____

Does everyone in your home support your participation in the foster program? Yes No

Will you allow a home visit to ensure that your home is appropriate for fostering? Yes No

Are the tetanus vaccinations for all members of your household up-to-date? Yes No

Please note, as part of our Health and Safety Protocol, all persons in contact with Society animals MUST have a current tetanus shot.

Do you or any members of your household have any allergies to animals? Yes No

If yes, please explain: _____

Do you or any members of your household have a fear of any animals? Yes No

If yes, please explain: _____

Please note, that these are rescued animals so foster parents need to be comfortable to work through any behavioural issues that may arise.

Animal Experience

Have you ever owned a pet before? If so, what kind(s), please describe:

Were you the primary caregiver for your previous pets? Yes No

How long did you own the pets? _____

Have you ever surrendered or given away any animals? Yes No

If yes, Why? _____

What behaviour are you not able to accept from a pet?

What will you do if this type of behaviour surfaces? _____

Do you currently have pets in your home? Yes No

Are your pets spayed/neutered? Yes No

Are the vaccinations for your pets up-to-date? Yes No

Please list number, species, ages and sex of pets: _____

Foster Animal Needs

What do you consider a medical emergency needing immediate attention?

Do you have an area where the foster animal(s) can be isolated from your own pets? Please describe this area in detail:

Please note, to reduce the transmission of illness to your owned pets, foster pets must be kept separately.

Please outline any experience in animal care that would be beneficial as a foster parent and why you feel you would be a good fit as a foster parent for HSDR:

What Are You Interested In Fostering?

DOGS

Mildly sick or injured animals in need of recuperation and recovery

Nursing animal with litter

Orphaned/immature animals - please indicate maximum litter size: _____

Animals in need of socialization and training

CATS

Mildly sick or injured animals in need of recuperation and recovery

Nursing animal with litter

Orphaned/immature animals - please indicate maximum litter size: _____

Animals in need of socialization and training

I can take feeder kittens 2hr _____ 4hr _____

OTHER

Rabbits

Ferrets

Small Mammals

Birds

I may be interested in palliative care animals.

Are you comfortable administering medication (with instruction from our veterinary staff)?: Yes No

In signing this application, I understand and agree to the following:

I understand that where my volunteer work involves contact of any kind with animals, there is a risk that I may be scratched, bitten, or may come into contact with a diseased animal. I agree to release and hold harmless the Humane Society of Durham Region and its employees from any and all liability for any damage or injury, whether arising from this contract or a breach thereof or from any act of negligence or gross negligence by the Humane Society of Durham Region, or its employees.

I understand that it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures and policies or activities of the Humane Society of Durham Region.

I recognize that as a volunteer it is my responsibility to ensure that appropriate education and training has been supplied to me, and I am comfortable with my role, before I commence duties in any department.

If I fail to abide by the terms of this agreement or am otherwise unable to meet the program requirements, I may be terminated from the volunteer program. I understand that I may at any time with or without cause be removed from my position as a volunteer at the sole discretion of the Humane Society of Durham Region.

I understand that it is my responsibility to ensure I, and any member of my household who will be in contact with Society animals, are properly vaccinated at all times while I am performing volunteer work for the Humane Society of Durham Region.

Applicant's Name: _____ Signature: _____

Date: _____