



London Animal Care Centre
121 Pine Valley Blvd., London ON N6J3T6 Tel.
(519) 685-1330 Fax. (519) 685-6940
www.accpets.ca

Dog Foster Application Form

General Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Age: Under 18 _____ Over 18 _____ D.O.B. (optional) _____

Occupation: _____

Emergency Contact Name and Phone: _____

Foster Information

Can you commit to being a foster parent for at least 6 months? Yes _____ No _____

Have you fostered before? If yes, for which organization? _____

Do you have access to a vehicle? Yes _____ No _____

If no, how do you intend to transport the animal to and from the shelter and/or veterinary clinics, especially in the case of an emergency? _____

Your Home

Do you: Own _____ Rent _____ Other (please explain) _____

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

How many members over 18 are in your household? _____ How many under 18? _____

How long would the foster animals in your care be left alone on an average day? _____

Does everybody in the home agree to fostering animals? 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 _____

Do you or any member 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: _____

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

Were your previous pets spayed/neutered? Yes _____ No _____

Where did you get your animals from? _____

Have you ever surrendered or given any animal away? Yes _____ No _____

If yes, why? _____

What behaviour are you not willing to accept from a pet? _____

Do you currently have pets in your home? Yes _____ No _____

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

Are your pet's vaccinations up to date? Yes _____ No _____

Do your pets have a current City of London license or tag? Yes _____ No _____

Who is your regular veterinarian? _____

Foster Animal Needs

What do you consider a medical emergency requiring immediate attention? _____

Do you have any area of your home where your foster pets can be isolated from your family pets?

Please describe _____

Please describe any experience in animal care that may be useful to your work as a foster parent:

What are you Interested in Fostering? Dogs

_____ Mildly sick or injured dogs in need of recuperation and recovery

_____ Must be good with children

_____ Must be good with dogs

_____ Must be good with cats

_____ Must be apartment friendly

_____ Fearful of men

Are you comfortable administering medication (with instruction from our animal care staff)?

_____ Yes _____ No

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

I understand that my volunteer work involves contact with animals and that 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 London Animal Care Centre 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 London Animal Care Centre, or its employees.

I understand that it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures and policies or activities at London Animal Care Centre.

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

If I fail to abide by the terms of this agreement or am otherwise unable to meet the program requirement, 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 London Animal Care Centre.

I understand that it is my responsibility to ensure that I, and any member of my household, including personal pets, who will be in contact with shelter animals, are properly vaccinated at all times while I am performing volunteer work for London Animal Care Centre.

Applicants Name: _____ Signature: _____

Date: _____

For office use only

Notes: _____
