



London Animal Care Centre  
121 Pine Valle Blvd., London ON N6J 3T6  
Tel. (519) 685-1330 Fax. (519) 685-6940  
www.accpets.ca

## 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?

### Cats

\_\_\_\_\_ Mildly sick or injured cats in need or recuperation and recovery

\_\_\_\_\_ Nursing mom with litter

\_\_\_\_\_ Orphaned/immature kittens.

\_\_\_\_\_ Kittens in need of socialization

\_\_\_\_\_ Bottle feeder kittens 2hr \_\_\_\_\_ 4hr \_\_\_\_\_

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:** \_\_\_\_\_  
\_\_\_\_\_