



# Foster Application Form

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City, Postal Code*

Phone: (H) \_\_\_\_\_ Phone: (C) \_\_\_\_\_

Email \_\_\_\_\_  
KWHS uses email as our primary means of communication. Please use your most frequently accessed email address

Are you employed? Yes \_\_\_ No \_\_\_

Can you provide two (2) letters of reference? Yes (letters attached) \_\_\_ No \_\_\_

## Foster Information

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

Have you fostered before? Yes \_\_\_ No \_\_\_ For which organization? \_\_\_\_\_

If yes, what types of 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 \_\_\_

If no, how do you intend to transport the animal to and from the Centre and/ or after hours veterinary clinics in case of a medical emergency? \_\_\_\_\_

## Your Home

Do you: Own \_\_\_ Rent \_\_\_

If you rent, does your landlord support your participation in the foster program?

Yes (landlord letter attached) \_\_\_

No \_\_\_

Do you have access to a yard? Yes \_\_\_ No \_\_\_

Does your home have stairs? Yes \_\_\_ No \_\_\_

How many members of your household? \_\_\_ How many are children (under 18)? \_\_\_

During what hours is someone in your household home? \_\_\_\_\_

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

Do you or any of your family members have any allergies to animals? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Do you or any of your family members 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), please describe:

\_\_\_\_\_

Were you the primary caregiver for your previous pets? Yes \_\_\_ No \_\_\_  
How long did you own the pets? \_\_\_\_\_

Where was your animal housed? Indoors \_\_\_ Outdoors \_\_\_ Both \_\_\_

Where did you get your animal from? \_\_\_\_\_

Have you ever surrendered or given away animals? Yes \_\_\_ No \_\_\_  
If yes, why? \_\_\_\_\_

Were your previous pet(s) spayed/ neutered? Yes (proof provided) \_\_\_ No \_\_\_  
Who is your regular veterinarian? \_\_\_\_\_

Are the vaccinations/ licensing/ registrations for your pets up to date? Yes (proof provided) \_\_\_ No \_\_\_

What behavior(s) are you not able to accept from a pet? \_\_\_\_\_  
What will you do if this type of behavior surfaces? \_\_\_\_\_  
How will you let the pet know that they are doing something wrong? \_\_\_\_\_

**Do you currently have pets in your home? Yes \_\_\_ No \_\_\_**

**If yes, please list number, ages, species and gender of pets**

**Foster Animal Needs**

Do you have an area where the foster animal(s) can be isolated from your own pets? \_\_\_\_\_  
What are you interested in fostering?

**DOGS:**

Mildly sick or injured animals in need of recuperation and recovery \_\_\_  
Nursing Mom with a litter \_\_\_

Orphaned/ immature animals - please indicate maximum litter size \_\_\_  
Bottle feeders? Yes \_\_\_ No \_\_\_

Animals in need of socialization \_\_\_\_\_

**CATS:**

Mildly sick or injured animals in need of recuperation and recovery \_\_\_  
Nursing Mom with a litter \_\_\_

Orphaned/ immature animals - please indicate maximum litter size \_\_\_  
Bottle feeders? Yes \_\_\_ No \_\_\_

Animals in need of socialization \_\_\_\_\_

**OTHER:**

Rabbits \_\_\_\_\_

Guinea Pigs \_\_\_\_\_

Birds \_\_\_\_\_

Reptiles \_\_\_\_\_

Are you comfortable administering medication (with instruction from veterinary staff) Yes \_\_\_\_\_ No \_\_\_\_\_

**AWASCO Foster Volunteer Release Form**

*I certify that my answers are true and complete to the best of my knowledge.*

*I/We hereby agree to:*

*Accept a position of Foster Volunteer Worker for AWASCO (Hereinafter referred to as "the Society"), and in doing so, I/We agree to comply with all of the policies, rules and regulations which may be established from time to time by the Society, and I /We understand that failure to do so may result in immediate termination as a Foster Volunteer.*

*Ensure that if any of my foster animals become ill, I will notify the Society immediately. I understand that the pets remain the property of the Society and that under CVO (College of Veterinarians of Ontario) Guidelines I am not permitted to authorize medical treatment of the animals in my care.*

*Understand that the animals are, at all times, owned by the Society, and if the Society veterinarian determines that a foster animal is beyond treatment, the animals will be humanely euthanized. If the Society's veterinarian determines that a foster animal can be treated in the foster home, it may return to the home.*

*To return the animal to the Society when the foster period is complete.*

*Acknowledge that my/our services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of the Society, all services to be performed by us at our own risk.*

*On behalf of myself and my family, our heirs, personal representatives and executors, We hereby release, discharge, indemnify and hold harmless the Society and its officers, directors, agents and employees from any and all claims, causes of action, or demands of any nature with our services for the Society, including but not limited to accidents, illness, injuries, or damage to my home/vehicle/pets or persons as a result of Foster Care, Pet Visitation, or my Volunteer Position.*

*I acknowledge that I cannot foster animals until all required forms, references and medical documents have been submitted and I have attended an orientation.*

Foster Volunteer \_\_\_\_\_ Date \_\_\_\_\_

AWASCO 250 Riverbend Dr Kitchener ON N2B 2E9

Phone 519-745-5615 ext. 250 fax 519-745-3224 or email [stephanie.schamber@awsco.ca](mailto:stephanie.schamber@awsco.ca)

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| <p><b>For Office use only (Please Initial)</b></p> <p>Letter of Reference received ___ Landlord Letter received ___ Proof of Spay/Neuter/Vaccines ___</p> <p>Email Sent received app ___ Interview Booked ___ Date ___ Time ___</p> |
|---|