



Hanna S.P.C.A Pet Rescue & Shelter Foster Care Application

Contact Information:

Name: _____ Phone (Day): _____
 Address: _____ Phone (Evening): _____
 _____ Phone (Cell): _____
 Email: _____

1. Housing Status: Own Rent Other
 Landlord Name and Phone #: _____

2. Are you allowed to house animals? Yes No
 What Kind? _____ How Many? _____

3. Do all adult members of your household want to foster? Yes No

4. How many children live in your home and what are their ages? _____

Personal Pet Profile

Please list all pets currently a part of your household:

Type	Breed	Sex/Age	Vaccinations/Up-to-date	Spayed/Neutered

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

6. Would you be willing to care for a foster pet that is ill and/or needs medication or is disabled in some way?
 Yes No

7. Do you think your pet(s) will get along with a foster pet? Why or why Not? _____

8. Are there any requirements you have for a foster pet (i.e. size, temperament, age, gender, etc?)

Yes No

If Yes, please explain: _____

9. Do you feel you could foster more than one pet at a time? Yes No

If Yes, how many? _____

10. What kinds of pets are you interested in fostering?

- | | | | |
|------------------------------|--------------------------|-------------------------------|--------------------------|
| Dogs (over 6 months) | <input type="checkbox"/> | Cats (over 6 months) | <input type="checkbox"/> |
| Puppies (under 6 months) | <input type="checkbox"/> | Kittens (under 6 months) | <input type="checkbox"/> |
| Mother dog w/newborn puppies | <input type="checkbox"/> | Mother cat w/ newborn kittens | <input type="checkbox"/> |
| Orphaned newborn puppies | <input type="checkbox"/> | Orphaned newborn kittens | <input type="checkbox"/> |

11. How long would you be able foster a pet?

- | | | | |
|-----------------|--------------------------|-------------------|--------------------------|
| 1-3 days only | <input type="checkbox"/> | up to one month | <input type="checkbox"/> |
| up to one week | <input type="checkbox"/> | as long as needed | <input type="checkbox"/> |
| up to two weeks | <input type="checkbox"/> | other: _____ | |

12. How many hours during the day will the foster animal be left alone? _____

13. Where will your foster be kept during the day when you are out? _____

14. Where will the foster be kept while you are home and at night? _____

15. Do you have a fenced yard? Yes No If Yes, what kind? _____ Height: _____

16. Do you have all of the supplies necessary to care for a foster pet? Yes No

If No, what kinds of supplies will you need the rescue organization to provide? _____

17. Is this your first experience with a dog or cat or with fostering? Yes No Please explain:

18. What training methods are you familiar with? _____

19. Would you be willing to transport a foster pet to vet appointments and adoption events? Yes No

20. Please tell us anything else about yourself or your family that you feel this organization needs to know.
(i.e. previous experiences, why you want to foster, other groups you have worked with, special skills or
training, personal contacts, etc.) _____

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 S.P.C.A Pet Rescue and Shelter unless permission is granted by the applicant.

Please drop off completed form at the **Hanna Learning Centre** or mail to:
Hanna S.P.C.A. Pet Rescue and Shelter
Box 2126
Hanna, AB T0J IPO