

Request to Foster Animal



Applicant Name: _____ Date: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Mailing Address (if different): _____
 Home Phone: _____ Cell: _____
 Work Phone: _____ Email: _____

Is this the address where the animal will be fostered? Yes No If no, where will the animal be fostered? _____
 Do you own your home? Yes No If no, name and phone number of landlord: _____
 Do you have general insurance? Yes No
 Number of Adults in Household: _____ Number and Ages of Children in Household: _____
 Do any family members have allergies? Yes No If yes, please explain: _____

Current Household Animals

Name	Type/Breed	Gender	Age	Spayed/Neutered	Vaccinations Current?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Information about animals you've had in the past five years that you no longer have

Type	How long did you have?	Reason you no longer have animal

Are there any animals on your property that are not altered? Yes No If yes, what? _____
 Are there any animals on your property that are being treated medically? Yes No If yes, please describe: _____
 Why do you want to foster an animal? _____

Request to Foster Animal



Explain what type of animal you can foster: _____

How many hours each day would the animal(s) you foster be left alone? _____

Where would the foster animal be kept? Indoors Outdoors Both Paddock
 Pasture Stable Stall Other (describe): _____

Do you have a fenced yard? Yes No If yes, how high is the fence, and is it secure? _____

How long would you be able to foster an animal? Emergency (1 to 3 days) Short Term (less than 4 weeks)
 Long Term (one month to one year)

Are you willing and able to give medication prescribed by a veterinarian to an animal you are fostering? Yes No Experience: _____

What are some reasons you might have to return a fostered animal: _____

If the animal you are fostering needs emergency medical treatment and you are unable to reach the Critteraid representative, where would you take the animal for treatment? _____

Veterinarian: _____

Is this your regular veterinarian? Yes No

If no, who is your regular veterinarian? _____

Facilities		Describe
Birdcage/Aviary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aquarium	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Kennel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pond	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coop	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stall	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paddock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pasture	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Request to Foster Animal



Please provide two references		
Name	Phone	Relationship
1.		
2.		

Can you help with volunteering? Yes No Fundraising Fostering Special Projects

I hereby request to be considered as a Foster Family.

Signature: _____

Name (please print): _____

Date: _____

Once final approval for fostering animals has been authorized, a copy of this form will be sent to you by the **Critteraid** office.

This form must be completed by all individuals / animal organizations wishing to foster an animal for **Critteraid**. The completion of this form does not guarantee that an animal will be placed with you. To foster an animal, the responsible party must be at least 19 years of age. This is not an Adoption Agreement. If an animal is placed with you, it is understood to be a temporary arrangement. **Critteraid** appreciates your interest in fostering an animal that is brought in to rescue, or be placed in temporary housing while the guardian is in transition, or if the animal is feral and experiencing rehab or fostering until he/she can be adopted. In an effort to further protect the animals we have been involved in rescuing and sheltering, we take great care to ensure that the foster homes these animals go into will provide them with the proper daily care and lots of love. In addition, animals have other specific needs and we want to make sure their foster home can meet these needs. Making the decision to foster an animal is a big responsibility and we want to make sure that everyone in your household realizes this. Therefore, we will do everything possible to make sure this is the right match for you and the animal.

For Office Use			
Applicant ID Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	File Number:	
Approved By:		Date:	
Photos and Site Visit Done By:		Photos Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Version: 05-14

www.critteraid.org

Box 235, 113-437 Martin Street
Penticton, BC V2A 5L1
Ph: 250-494-5057