

Foster Application Form

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Last Name: First Name:

Street Address:

City: Postal Code:

Phone # (h): Phone # (c):

E-mail:

THS uses e-mail as our primary means of communicating with volunteers. Please fill out your most frequently used e-mail address.

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

Are you employed? Yes No Occupation:

Emergency Contact Name:

Phone #: Relationship:

Foster Information

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

Have you fostered before? No Yes For which organization?

If yes what 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 Society and/or veterinary clinics, especially in the case of medical emergency?

Your Home

Do you: Own Rent

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

Do you have access to a yard? Yes No Does your home have stairs? Yes No

How many members are in your household? How many are children (under 18)?

During what hours is someone in your household at home?

Does everyone in your home support your participation in the foster program? Yes No Will you allow a home visit to ensure that your home is appropriate for fostering? Yes No

Do you or any members 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:



Do you currently have pets in your home? Yes No		
Are the vaccinations for your pets up-to-date? Yes No		
Please list number, species, ages and sex of pets:		
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?		
Have you ever surrendered or given away any animals? Yes No		
If yes, Why?		
What behaviour are you not able to accept from a pet?		
What will you do if this type of behaviour surfaces?		
How will you let the pet know s/he is doing something wrong?		
Foster Animal Needs What do you consider a medical emergency needing immediate attention?		
If there are currently pets in the home how will you introduce them to the new foster animal? Please explain:		
Do you have an area where the foster animal(s) can be isolated from your own pets if necessary? Please describe:		



Please outline any experience in animal care that may be useful to your work as a foster parent:				
Are you comfortable administering medication (with in	nstruction from our veterinary staff)?: Yes No			
In signing this application, I understand and agree to the following:				
I understand that where my volunteer work involves contact of any kind with animals, 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 the Toronto Humane Society 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 the Toronto Humane Society, or its employees.				
I understand that it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures and policies or activities of the Toronto Humane Society.				
I recognize that as a volunteer it is my responsibility to ensure that appropriate education and training has been supplied to me, and I am comfortable with my role, before I commence duties in any department.				
If I fail to abide by the terms of this agreement or am otherwise unable to meet the program requirements, 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 the Toronto Humane Society.				
, , ,	d any member of my household who will be in contact with hile I am performing volunteer work for the Toronto Humane			
Applicant's Name:	Signature:			
Date:				