



## Foster Volunteer Application

### 1. Personal Profile

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: Home ( ) Work ( ) Cell ( )  
E-mail: \_\_\_\_\_

Do you have access to a vehicle? Yes  No

1. Housing status (check all that apply):

Own     Rent     House     Apartment     Townhouse/duplex  
 Balcony     Elevator     Fenced Yard:    Height of fence:

2. Are there children living in or frequently visiting your home?  Yes     No

If yes, please list their ages: \_\_\_\_\_

### B. Becoming a Foster Volunteer

1. Why do you want to become a foster volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list any other foster or rescue programs that you are a part of (inc. feral cats):

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any experience administering medication to animals? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please give a brief description of your experience with very young, ill, injured, or undersocialized animals:

---

---

---

5. Please indicate which animals you are interested in fostering (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Orphaned/weaned kittens       | <input type="checkbox"/> Orphaned/weaned puppies       |
| <input type="checkbox"/> Cats or kittens with a “cold” | <input type="checkbox"/> Dogs or puppies with a “cold” |
| <input type="checkbox"/> Nursing cats                  | <input type="checkbox"/> Nursing dogs                  |
| <input type="checkbox"/> Pregnant cats                 | <input type="checkbox"/> Pregnant dogs                 |
| <input type="checkbox"/> Injured cats                  | <input type="checkbox"/> Injured dogs                  |
| <input type="checkbox"/> Cat behaviour case            | <input type="checkbox"/> Dog behaviour case            |
| <input type="checkbox"/> Small animals                 | <input type="checkbox"/> Christmas foster              |

6. If you are interested in fostering small animals during the holiday season or throughout the year, please indicate which species (check all that apply):

- |                                  |                                      |                                   |                                  |
|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Rabbits | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Hamsters | <input type="checkbox"/> Gerbils |
| <input type="checkbox"/> Degus   | <input type="checkbox"/> Rats        | <input type="checkbox"/> Mice     | <input type="checkbox"/> Birds   |

7. Describe the area where the foster(s) will be kept:

---

---

---

8. Please indicate the amount of time per day that you have to dedicate to foster. For example, how many hours will the animal(s) be alone on a regular basis?

---

---

---

9. Please list experience with cat and/or dog health including familiarity with certain illnesses and diseases:

---

---

---

10. While it is possible to rehabilitate most animals that are fostered, there may be occasions when a decision to euthanize is made. Please describe your concerns, philosophies, and beliefs on this, making reference to your ability to accept such a decision.

---

---

---

**C. Personal Pet(s) Profile**

Please list **all** pets that are currently a part of your household.

Species	Breed	Age	Sex	Sterilized?	Date/Type of Last Vaccines

For dogs, please indicate the date of last bordetella vaccine: \_\_\_\_\_

11. Please indicate any medical issues that the above pets have or have had:

---

---

12. Please provide your veterinarian's name and phone number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide the names and phone numbers of two personal references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*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 Ottawa Humane Society. I authorize the OHS to conduct an on-site inspection of the premises where the animal will be fostered.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Foster Program Policies and Agreement**

1. The OHS retains all rights and ownership of any animal in the Foster Program. The OHS has the right to recall any fostered animal to the shelter at any time.
2. The OHS makes all decisions regarding animals to be placed in foster.
3. Foster animals must be returned to the OHS as soon as they are well or upon request by the OHS.
4. Only authorized foster volunteers may care for foster animals; foster animals must not be left under anyone else's care without authorization from the OHS.
5. The OHS is not liable for any injury, illness or damage to persons or property, including owned animals, while an animal is in the foster home.
6. The OHS may visit a foster home at any time providing that the foster volunteer is given prior notice.
7. Foster volunteers may not adopt their foster animals.
8. Prior notice is not required for the repossession of an animal when a foster volunteer fails to bring the animal back to the OHS as requested.
9. All adoption inquiries that you receive about your foster animals must be directed to the Adoption Centre.
10. Animals are matched to foster volunteers by the OHS based on volunteer's experience, ability, and priority needs of animals.
11. Foster volunteers must attend an orientation prior to fostering.
12. Animals belonging to the foster volunteer must have up-to-date DHLPP and rabies vaccines and be spayed or neutered. In addition, owned dogs must have received the bordetella vaccine at least ten days prior to fostering a dog.
13. The foster volunteer must isolate foster animals from existing pets in the household. Animals are to be kept indoors, with the exception of walking dogs. Dogs with kennel cough must be kept away from other dogs in public and on leash.
14. Food for foster animals is provided to foster volunteers. The OHS is not responsible for any other foster expenses not agreed upon in advance.
15. Foster volunteers must contact OHS for all foster animal care needs and questions. Foster animals should not be taken to any veterinarian unless authorized by the OHS. Emergency protocol provided in the foster manual is to be followed at all times. No veterinary expenses will be reimbursed unless prior authorization was granted by an employee of the OHS.
16. Foster volunteers must adhere to training and direction provided for animals in their care.

I, the undersigned, understand and agree to the above terms and conditions of the foster program.

Foster Volunteer Signature:

Date:

---

Please Print:

---