



OFFICE USE ONLY
Date received: _____
Orientation date: _____
Confirmed for FO: <input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer Application: Foster Program

A. 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 _____ft

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

- a. If yes, please list their ages: _____
- b. Are they comfortable around animals? Yes No
- i. If yes, what are they comfortable around? Cats Dogs Small Animals

3. Are there any other members in your household (over the age of 18) who will be assisting you as a foster volunteer? Yes No

- a. If yes, please list their name(s) and your relation(s):

- b. Are they willing to attend a foster volunteer orientation too? Yes No

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 volunteer your time with (including feral cats):

3. Please provide a brief description of your experience with very young, ill, injured, or under socialized animals:

5. Please indicate the amount of time per day that you have to dedicate to your foster animal(s):

6. How many hours will your foster animal(s) be alone on a regular basis?

7. We ask foster volunteers to make a commitment of one year to the foster program. Is there anything in the next year that will prevent you from maintaining this commitment (for example: traveling down south for the winter)?

8. Please indicate which animals you are interested in fostering (check all that apply; select a minimum of two choices):

- | | |
|--|--|
| <input type="checkbox"/> Orphaned kittens | <input type="checkbox"/> Orphaned puppies |
| <input type="checkbox"/> Cats needing pre/post surgical care | <input type="checkbox"/> Dogs needing pre/post surgical care |
| <input type="checkbox"/> Sick cats or kittens | <input type="checkbox"/> Sick dogs or puppies |
| <input type="checkbox"/> Nursing and/or pregnant cats | <input type="checkbox"/> Nursing and/or pregnant dogs |
| <input type="checkbox"/> Injured cats | <input type="checkbox"/> Injured dogs |
| <input type="checkbox"/> Cats with behavioural issues | <input type="checkbox"/> Dogs with behavioural issues |
| <input type="checkbox"/> Small animals | |

9. Do you have experience administering medication to animals? Yes No

If yes, please describe:

10. Once trained, would you feel comfortable administering medication to your foster animal (if needed)? Yes No

If no, please explain why:

11. Are there any behavioural or medical concerns that you are not are comfortable fostering?

Yes No

If yes, please describe:

12. We do our utmost best to ensure that all animals being placed into foster care are diagnosed and treated accordingly; however, it is possible for animals with an unknown illness to be placed in foster care. As such, this is a risk we must ensure our foster volunteers are comfortable with. Are you comfortable taking in a foster animal that has a possible unknown illness or condition?

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

C. Feline Fostering

Please complete this section if interested in fostering felines—if not interested, please go directly to section D.

1. Are you willing to foster felines with the following behavioural concerns (check all that apply):

Behavioural Concern	Yes	No	Comments
Excessively vocal/meowing			
Scratching			
House soiling			
Timid/fearful			

2. Please describe the area where your foster feline(s) will be isolated:

D. Canine Fostering

Please complete this section if interested in fostering canines—if not interested, please go directly to section E.

1. How much time are you able to dedicate each day to walking/exercising your foster dog or puppy? _____minutes _____hours

2. Do you have any experience with the following (check all that apply):

Experience	Yes	No	Comments
Dog sports (agility, flyball)			
High energy dogs			
Housetraining			
Mouthy/unruly dogs			
Obedience classes			
Positive reinforcement training			
Puppy training			
Strong dogs/dogs that pull hard on leash			
Training dogs to walk properly on a leash			
Working with separation anxiety			
Working with timid/fearful dogs			

3. Are you able and willing to house a vocal dog? Yes No

Comments: _____

4. Do you have a dog of your own? Yes No
a. If yes, does your dog get along with other dogs? Yes No

Comments: _____

5. Do you have a quiet or active household? Quiet Active
a. If quiet, do you mind housing a high energy dog? Yes No

Comments: _____

6. Do you own a cat? Yes No
a. If yes, is your cat comfortable around dogs? Yes No

Comments: _____

7. Are you comfortable fostering a dog that may house soil? Yes No

Comments: _____

E. Personal Pet(s) Profile

Not applicable, I do not have a pet.

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

Species	Breed	Age	Sex	Sterilized?	Date/Type of Last Vaccines (Note: please include Bordetella for canines)

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

2. 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 authorize the OHS to contact my veterinarian and references listed above and I authorize the OHS to conduct an on-site inspection of the premises where the animal will be fostered. I acknowledge that this application remains the property of the Ottawa Humane Society.

Signature: _____

Date signed: _____

I consent to receive electronic communications from the Ottawa Humane Society. The Ottawa Humane Society does not sell, rent or trade any donor names. The OHS Privacy Statement is available online at www.ottawahumane.ca or by contacting the Privacy Officer at 613-725-3166 ext. 232.



Foster Program Agreement

The Ottawa Humane Society:

1. 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. Does not require prior notice for the repossession of an animal, when a foster volunteer fails to bring the animal back to the OHS as requested.
3. Makes all decisions regarding animals to be placed in foster.
4. Prioritizes placements of OHS animals to foster volunteers based on the needs of the animals, the volunteer's experience and ability.
5. Is not liable for any injury, illness or damage to persons or property, including to owned animals, while an animal is in the foster home.
6. May visit a foster home at any time, providing that the foster volunteer is given prior notice.
7. Provides food and cat litter for foster animals to foster volunteers. The OHS is not responsible for any other foster expenses not agreed upon in advance.

Ottawa Humane Society Foster Volunteers:

1. Agree they will attend a Foster Program Orientation prior to fostering.
2. Agree that only they will provide care for OHS foster animals in their possession and understand that OHS foster animals must not be left under anyone else's care, without authorization from the OHS.
3. Agree that they may not travel with their foster animal nor take their foster animal anywhere that has not been approved by an authorized OHS employee.
4. Agree to have their owned animals spayed or neutered and be up-to-date on vaccines before bringing an OHS foster animal into their home. Canine vaccines include: DHLPP (*Distemper, Hepatitis, Leptospirosis, Parvo, Parainfluenza*) *Bordetella* (*kennel cough*) and rabies. Feline vaccines include: FVRCP (*Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia*) and rabies.
5. Agree to isolate OHS foster animals from existing pets in the household.
6. Agree to keep OHS foster dogs on-leash, at all times, when in public. They also agree that dogs with kennel cough must be kept away from other dogs when in public.
7. Agree to contact the OHS for all foster animal care needs and questions and will adhere to the emergency protocols provided in the foster manual.
8. Agree to return OHS foster animals, as soon as they are well and/or upon request by the OHS.
9. Agree to direct all adoption inquiries about their foster animals to the OHS Adoption Centre.
10. Agree they may not adopt their foster animals.

Please note: failure to adhere to the agreed upon conditions may result in removal from this program.

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

Foster Volunteer Signature: _____

Print Name: _____

Date signed: _____