



## Foster Care Application

Lillian Allbon Cumberland County Animal Shelter

798 Smith Road, RR#6 Amherst, Nova Scotia B4H 3Y4

Phone: 902-661-7297

The decision to become a foster parent is a great one. Choosing to bring an animal into your home on a temporary basis can be very rewarding but can also be tough when it's time to bring the animal back to the shelter. We ask that you make this decision with all members of your family and that you be aware of the responsibility involved in being a foster parent. Once your application has been processed, you will be advised and the responsibilities and duties will be explained thoroughly to you. This extensive process is to ensure the protection and well-being of the animals in our care. We thank you in advance for your co-operation.

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

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

City: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Spouse/partner's full name: \_\_\_\_\_

Please describe your reasons for wanting to be a foster care volunteer with the LA Animal Shelter:

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1. How long have you lived at this address? \_\_\_\_\_ If less than 3 years give your previous

Address: \_\_\_\_\_

2. Do you live in a: House \_\_\_\_ Apartment \_\_\_\_ Townhouse \_\_\_\_ Rented \_\_\_\_ Owned \_\_\_\_

3. Are pets allowed in your residence? Yes \_\_\_\_ No \_\_\_\_

4. Landlord's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

5. Are you: Attending School \_\_\_\_ Working \_\_\_\_ Retired \_\_\_\_

6. If you have children living in the household full or part-time, please list their ages: \_\_\_\_\_

7. How many adults are in the home? \_\_\_\_\_

8. Which member of your household will be responsible for:

a) Feeding \_\_\_\_\_ b) Training \_\_\_\_\_

9. Have you fostered animals for this shelter or any other shelter before? \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

10. What experience do you have providing care to animals?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Are there any animals currently in your home? If so, please describe them:

Cat/ Dog Breed	Spayed / Neutered?	Male/Female	Age	Are they an indoor or outdoor pet?	Personality type?

12.. Which Veterinarian looked after your pets? \_\_\_\_\_  
 Phone number \_\_\_\_\_

13. Do you give permission for the LA Animal Shelter to contact your vet for more information? \_\_\_\_\_

14. Do you have an area in your home which fostered animals can be kept isolated from other pets? \_\_\_\_\_  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. What category of animals are you interested in fostering? (Circle applicable)

- Orphan puppies    Senior Dogs    Dogs with medical conditions    Dogs with behavioral issues
- Orphan kittens    Senior Cats    Cats with medical conditions

16. Do you have experience with the type of foster care you have indicated above? \_\_\_\_\_  
 If yes, Please explain: \_\_\_\_\_  
 \_\_\_\_\_

17. Where will the animal(s) be kept:  
 During the day? \_\_\_\_\_  
 At night? \_\_\_\_\_  
 When you are not home? \_\_\_\_\_

18. How many hours a day will the animal be left alone? \_\_\_\_\_

19. If you are interested in fostering a dog, tell us how many hours per day, on average will the dog spend in each of the following situations:

Inside the house alone with the run of the house	
Inside the house confined to one room	
Inside the house in a crate/kennel	
Inside the house with people	
Outside in a fenced yard	
Outside tied	
Outside in a kennel or run	
Outside with people	
Other (specify)	

20. How many times a day will you walk the dog? \_\_\_\_\_

21. Do you have a yard? \_\_\_\_\_ Is it fenced? \_\_\_\_\_

22. Are you willing/able to spend time; Exercising, Training and/or Eliminating behavioral problems (i.e. barking, house training, scratching, jumping). \_\_\_\_\_

23. Do you have experience in training animals \_\_\_\_\_

If yes, please provide further details (methods or technics you may use) \_\_\_\_\_

\_\_\_\_\_

How would you let the animal know they are doing something wrong? \_\_\_\_\_

\_\_\_\_\_

24. If you are interested in fostering cat, will the cat be kept indoors or outdoors? \_\_\_\_\_

25. Do you have access to a vehicle? \_\_\_\_\_

26. Are you willing/able to bring the animal to the vet or shelter as necessary? \_\_\_\_\_

27. Are you willing/able to bring the animal to an emergency clinic at night (if necessary)? \_\_\_\_\_

28. Is there anyone within your household that is allergic to animals? \_\_\_\_\_

How do you plan to manage this? \_\_\_\_\_

List 3 references with phone numbers (day and night-time # if possible), addresses, and e-mail: friends or neighbours **(not relatives or your veterinarian)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How did you find out about the L.A. Animal Shelter Foster program:

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

**Foster Care Agreement Upon Approval:**

I understand that it is my responsibility to ensure that animals for which I provide foster care are kept safe and secure and provided with the requirements for their daily care and well-being. In some situations home checks may be required prior to final approval.

I fully understand that these animals are in my care on a temporary basis only, belong to the L.A. Animal Shelter and can be brought back to the LA Animal Shelter if for any reason the animal is not a good match for the foster family. I further understand that the purpose of this foster care arrangement is solely to provide care for this animal, and that any decisions regarding the animal's health, treatment or final disposition must be made or authorized by the Shelter Manager. I also agree that when the animal is ready to be made available for adoption, I will return it to the L.A. Animal Shelter.

I understand that the L.A. Animal Shelter cannot guarantee the health of the animal(s) that are fostered out and release the L.A. Animal Shelter from any responsibilities or claims that may arise from my own animal's exposure to them.

**I hereby give the L.A. Animal Shelter authority to obtain a copy of my pet's medical records from my veterinarian.**

\_\_\_\_\_  
Foster Care Applicant/Provider

\_\_\_\_\_  
Shelter Initials

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

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

FOR OFFICE USE ONLY

Received by: \_\_\_\_\_

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

Verified by: \_\_\_\_\_

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

**LILLIAN ALLBON CUMBERLAND COUNTY ANIMAL SHELTER**



I give my permission to the following vet clinic to allow the LA Animal Shelter to have access to my veterinary records.

Name of clinic: \_\_\_\_\_

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

Signed by: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

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

Name vet records are under: \_\_\_\_\_

Animal's name and species (cat/dog): \_\_\_\_\_

**To be completed by Shelter Staff only**

Reference 1 Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference 2 Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference 3 Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vet Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved / Declined: \_\_\_\_\_

If Approved:

Date Foster notified: \_\_\_\_\_

Pick up date: \_\_\_\_\_

If Declined:

Reason for declining application: \_\_\_\_\_

\_\_\_\_\_

Date Notified: \_\_\_\_\_