



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:

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: _____