



Foster Application

All aspects of fostering must be seriously considered before deciding to apply. Fostering is a temporary commitment – from a few weeks to many months – but is a very rewarding experience and can be a recurring volunteer commitment if you so choose!
 Please visit our website for information about fostering at pawedpals.org/foster/.

PLEASE PRINT CLEARLY

Applicant & Residence Information:									
Name of Applicant(s) <small>(primary caregiver(s) for a fostered pet must be at least 18 years of age)</small>									
Phone #(s)									
Email Address									
Number of Adults in the household <small>(including caregiver(s))</small>			Number of Children		Age(s) of Children				
Residence Address									
City			Province			Postal Code			
Mailing Address <small>(if different from above)</small>									
City			Province			Postal Code			
Type of residence <small>(please specify – house, apartment, etc.)</small>									
Outdoor space and fence <small>(please specify – city yard, balcony, rural acreage, etc. and whether completely or partially fenced, or no fence)</small>									
Own		Rent		Live with parents		Other <small>(please specify)</small>			
Are pets allowed? <small>(if rental or condo)</small>			Yes		No		Don't know		
Name and Phone # of Landlord or Condo Board <small>(if applicable)</small>									
Name and Phone # of Homeowner <small>(if not the applicant)</small>									

Why do you want to foster?			
How did you hear about PPAR?			
I am a member of Pawed Pals!		I am interested in becoming a member of Pawed Pals!	
Please notify me about News & Events!		Please notify me about Volunteer Opportunities!	

Fostering / Animal Care Experience:

I have no previous experience caring for animals

I have previous experience as follows (please check all that apply)	<input type="checkbox"/>	Cats	<input type="checkbox"/>	Dogs	<input type="checkbox"/>	Abused / fearful	
	<input type="checkbox"/>	Kittens	<input type="checkbox"/>	Puppies	<input type="checkbox"/>	New intakes / quarantine	
	<input type="checkbox"/>	Behaviour / aggression / socialization issues	<input type="checkbox"/>	Administering medication	<input type="checkbox"/>	Pregnant / nursing mother with litter	
<input type="checkbox"/>	No special needs	<input type="checkbox"/>	Litter- / house-training issues	<input type="checkbox"/>	Recovering from surgery / injury	<input type="checkbox"/>	Orphaned litter / bottle feeding
I am currently fostering animals with the following rescue/shelter organization(s)							
I am not currently fostering animals but I am an approved foster on the call list with the following rescue/shelter organization(s)							
I am not currently fostering animals but I have a foster application pending approval with the following rescue/shelter organization(s)							
My experience with animal care is not as a foster (please explain whether pet owner, pet sitter, animal health tech, veterinarian, etc.)							

Fostering Preferences:

I am willing and able to foster for the following period of time (please explain)							
<input type="checkbox"/>	I am willing and able to transport foster animals to and from vet appointments, adoption fairs, etc.			<input type="checkbox"/>	I am willing and able to allow pre-approved adopters into my home to meet foster animals		
I am willing and able to provide foster care for cases as follows (please check all that apply)	<input type="checkbox"/>	Cats	<input type="checkbox"/>	Dogs	<input type="checkbox"/>	Abused / fearful	
	<input type="checkbox"/>	Kittens	<input type="checkbox"/>	Puppies	<input type="checkbox"/>	New intakes / quarantine	
	<input type="checkbox"/>	Behaviour / aggression / socialization issues	<input type="checkbox"/>	Administering medication	<input type="checkbox"/>	Pregnant / nursing mother with litter	
<input type="checkbox"/>	No special needs	<input type="checkbox"/>	Litter- / house-training issues	<input type="checkbox"/>	Recovering from surgery / injury	<input type="checkbox"/>	Orphaned litter / bottle feeding
Please state any other fostering preferences or limitations you may have							

Character References (3 people who can honestly comment on your character and your experience with animals):

Name	Relationship	Phone #

Current Pet Information (excluding fostered animals):

Name	Species/Breed	Sex	Spayed or Neutered (Yes / No)	Age	Length of time owned	How acquired (rescue, breeder, etc.)
If any current pet is <u>not</u> up-to-date on their vaccines/annual health check, please provide reasons/circumstances						
Veterinarian's Name and Phone #						

Former Pet Information (excluding fostered animals):

Name	Species/Breed	Sex	Spayed or Neutered (Yes / No)	Age (at death/other)	Length of time owned	How departed (deceased, re-homed, etc.)
If any former pet was surrendered to a shelter/rescue or otherwise re-homed, please provide reasons/circumstances						
Veterinarian's Name and Phone #						

Signature(s): I/we certify that all information provided herein is true; that I/we agree to be interviewed by Pawed Pals Animal Rescue (PPAR) representative(s); that I/we authorize PPAR to contact all other parties referenced herein, to investigate all statements made on this form and to conduct a home visit. I/we also acknowledge that approval is not guaranteed and that a decision will be made on this Foster Application by and at the discretion of PPAR and in the best interests of PPAR animals.

Date		Signature	
Date		Signature	

Mail to or drop off your completed form at: Pawed Pals Animal Rescue, 511 Robinson Avenue, Selkirk MB, R1A 1E5 or drop off at a PPAR event or another location as advised by PPAR representatives

Office Use Only

Received Date		Approval Date		Foster Coordinator	
Notes					