



CARE Network Foster Program Application Form

Date of application: _____

Full name: _____

Date of birth (MM/DD/YYYY): _____

Home address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Cell phone: _____

Email address: _____

Please indicate the type(s) of animals you are willing and able to foster:

- Adult dog Puppy Adult cat Kitten Bird Other

Describe your residence:

- Single Family Home Townhouse Condo/Apartment/Suite Farm

Do you own your home? Yes No

If not, do you have your landlord's permission to have an animal in the rental? Yes No

Please provide your landlord's name and phone number:

Name: _____ Phone number: _____

Is there any other information you'd like to share regarding your home?

How long do you plan on staying at your current address? _____

How many people currently live in your home? _____

Do children live in the house? Yes No If so, what are their ages? _____



Are there other pets in your household? Yes No How many? _____

If yes, please provide the following information:

Species	Name	Breed	Gender (M/F)	Spayed/Neutered	Age	Vaccine Status	Where obtained?

Why do you wish to be a foster caregiver? _____

Have you fostered animals in the past? _____

Please describe your animal care background. Also, do you have any special skills or training with animals?

For what period of time are you willing and able to foster an animal? _____

How many hours per week do you work? _____

Which member of your household will be primarily responsible for care and control of foster animals? _____

Are you willing to allow potential adopters to meet a fostered animal in your home at a prearranged, mutually convenient time? _____



Are you willing to foster an animal under any of these conditions? Please check the boxes:

- An animal with behavioural problems
- An animal recovering from surgery
- An animal requiring housetraining
- An animal requiring medication
- Feral cats or kittens

Are you prepared to keep a written record of a fostered animal's health and/or behaviour, if necessary?

Y N

References

Please provide two references (non-family). Please include one non-personal reference.

Name	Business/Organization
Relationship to applicant	Phone number(s)
Name	Business/Organization
Relationship to applicant	Phone number(s)

I certify that all of the information contained within this application is correct and reflects my true willingness and ability to provide a foster home to a CARE Network animal. I understand that any misrepresentation of the truth in this application will invalidate any subsequent foster agreements and gives the CARE Network the right to deny any future foster of CARE Network animals.

I understand that completing and submitting this application does not guarantee me approval for fostering a CARE Network animal. The CARE Network reserves the right to refuse any application for any reason.

Signature: _____ Date: _____

Thank you for submitting an application to foster a CARE Network animal. We will notify you when we have an animal in need that may be a good match.



PRIVACY AND PROTECTION OF PERSONAL INFORMATION

The personal information collected on this application will be used solely to determine the applicant’s suitability for fostering a CARE Network animal. By providing information on this application, you are voluntarily consenting to the collection and use of your personal information by the CARE Network. This information will not be used for any other purpose by the CARE Network without your written consent. This information will not be disclosed to any other organization. All information provided will be kept in such a manner as to ensure its confidentiality.

Date application received: _____