



**PEMBINA VALLEY  
HUMANE SOCIETY**

# **FOSTER APPLICATION**

**\*\*THE PVHS RESERVES THE RIGHT TO DENY APPLICANTS IF THEY FEEL THE APPLICANT IS NOT SUITABLE\*\***

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

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

Address (if rural, list BOTH physical & mailing) \_\_\_\_\_

City/Town/RM \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Preferred Contact Method: PHONE / EMAIL \_\_\_\_\_ Best time to reach: \_\_\_\_\_

Please indicate the type of animal you would be willing to foster, its age, and its size:

CAT \_\_\_\_\_

DOG \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER? YES / NO (circle)

Full names of all adults who reside at this address: \_\_\_\_\_

Full names and ages of children under 18 years: \_\_\_\_\_

Does anyone in the home have allergies to pets? YES / NO

Did all household members participate in this decision? YES / NO

Why did you want to foster? \_\_\_\_\_

Are you willing to allow a PVHS representative visit your home? YES / NO

Type of housing: HOUSE / APARTMENT / CONDO / OTHER: \_\_\_\_\_ For how long? \_\_\_\_\_

Do you... OWN / RENT / LIVE WITH FAMILY / LIVE WITH ROOMMATES / OTHER: \_\_\_\_\_

What qualities are important in the animal you will foster? (ie calm, housetrained, affectionate, good with other animals/kids, athletic)

How much time will the animal be alone? Hours per day \_\_\_\_\_ Days per week: \_\_\_\_\_

Where will the animal be kept when home alone? \_\_\_\_\_

Where will the animal be kept at night? \_\_\_\_\_

If fostering a dog, how will it be taken outside to use the bathroom? \_\_\_\_\_

Type of confinement: FULLY FENCED YARD (ht \_\_\_\_\_) / DOG RUN / TIED / CRATE or KENNEL / LOOSE / UNKNOWN

How/where will the animal receive exercise? \_\_\_\_\_

How often? \_\_\_\_\_

How many pets have you had in the last 5 years? \_\_\_\_\_

DOGS: \_\_\_\_\_

CATS: \_\_\_\_\_

OTHER: \_\_\_\_\_

How many pets do you currently own? \_\_\_\_\_

DOGS \_\_\_\_\_

TYPE/BREED \_\_\_\_\_

AGE \_\_\_\_\_

CATS \_\_\_\_\_

TYPE/BREED \_\_\_\_\_

AGE \_\_\_\_\_

OTHER \_\_\_\_\_

Are your pets spayed/neutered? YES / NO

If no, why? \_\_\_\_\_

Have you fostered with another shelter/rescue in the past? YES / NO

Are you currently fostering with another shelter/rescue? YES / NO

If yes, what type/age/breed? \_\_\_\_\_

What types of problem behaviors are you comfortable working with?

Housetraining \_\_\_\_\_

Mouthing \_\_\_\_\_

Aggression \_\_\_\_\_

Chewing \_\_\_\_\_

Jumping \_\_\_\_\_

Kennel / Crate Training \_\_\_\_\_

Basic Obedience \_\_\_\_\_

Separation Anxiety \_\_\_\_\_

Fear \_\_\_\_\_

Leash Training \_\_\_\_\_

Resource Guarding \_\_\_\_\_

What type of training techniques do you use with your current pet? \_\_\_\_\_

Are your pets spayed/neutered? YES / NO

If no, why? \_\_\_\_\_

Are your pets up to date on vaccines? YES / NO

If no, why? \_\_\_\_\_

Which vet clinic do you take your current pets to? \_\_\_\_\_

Which vet clinic will you take your new pet to? \_\_\_\_\_

**\*Only ONE reference can be a relative, and they must not live with you. All references MUST be 18+ years of age\***

**REFERENCE 1**

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

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

Best time to reach: \_\_\_\_\_

<b>REFERENCE 2</b>	
Name: _____	Relationship: _____
Phone #: _____	Email: _____
Best time to reach: _____	

<b>LANDLORD (if applicable)</b>	
Name: _____	Phone #: _____
Email: _____	Best time to reach: _____

A foster animal requires a commitment of time, exercise, emotional stimulation, and sometimes has special needs.

**Approved applicants wishing to enter the Foster Home Program must abide by the following. Please initial beside each statement.**

- The Pembina Valley Humane Society has the sole right and responsibility to place fostered pets in suitable homes. Foster families will have no say or influence regarding the placement of animals into adoptive homes. Any individuals or families interested in adopting a fostered pet must contact Shelter Management to apply for the adoption.
- Foster families must make the animal available for routine or specialized veterinary care. These appointments will be scheduled by the PVHS. With the exception of emergencies (at the discretion of Shelter Management), appointments and/or veterinary expenses incurred by the foster family without prior PVHS approval will NOT be paid by the PVHS.
- Foster families must make the fostered animal available for Meet & Greets by prospective adopters, at the request of Shelter Management.
- All fostered animals must be returned to the PVHS after a period of thirty (30) days. Foster families may be permitted to continue to foster the animal(s) past the thirty (30) day period if circumstances allow, and at the discretion of Shelter Management.
- Any foster family that is deemed unsuitable or uncooperative will be removed from the Foster Home Program immediately, at which time the fostered animal must be returned to the shelter.
- The PVHS will not be held liable for any damages to property, injuries to humans or other animals, or other damages related to the care of the fostered animal.
- Foster families must provide weekly updates on the progress and care of the animal, including photos.

***I have read and understood the above statements. I certify that the information given on this form is true and correct, and I recognize any misrepresentation of facts will result in myself being unable to be part of the Foster Home Program with the PVHS. I understand that the submission of this application does not guarantee that I will be accepted into the Foster Home Program. Approval or denial of this application is at the sole discretion of the PVHS.***

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_ NAME OF WITNESS \_\_\_\_\_

***SHELTER USE ONLY***

APPROVED: YES / NO      Date Approved: \_\_\_\_\_

Manager: \_\_\_\_\_ Assistant Manager: \_\_\_\_\_

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

\_\_\_\_\_