



Foster Application

Humane Society of Kawartha Lakes

107 McLaughlin Road, Lindsay, ON, K9V 6K5

Phone: 705-878-4618 Email: shelter.hskl@cogeco.net

Office use only: P# _____

Following application approval, you will be contacted by the Volunteer Coordinator to attend a brief interview. At this time, the Volunteer Coordinator will also review the Fostering Agreement. Please note that there are no “wrong” answers on this Application – our purpose is to ensure that our animals are placed in the best homes to meet their specific needs.

PERSONAL INFORMATION:

Last Name:		First Name:	
Street Address:			
City/Town:		Postal Code:	
Home Phone:		Cell Phone:	
Email Address:			
Are you over the age of 18?		Are you employed?	
If employed, what is your occupation?			
Why do you want to become a foster?			

LIVING ARRANGEMENTS:

Do you Rent or Own?		If you rent, are you allowed animals?	
Do you live in an Apartment, House or Farm?		Do you have a fenced yard?	
Does your home have a lot of stairs?			



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FAMILY MEMBER INFO	How many individuals live in your home?		
	Are they supportive of your fostering?		
	Do any people in your home have allergies?		
	What are the ages of the people in your home?		
	Do any people in your home have a fear of animals? If so, please explain.		
	Do the people in your home have up-to-date tetanus vaccinations?		
	Do any people in your home smoke?		
	How long on average is there no one home in the day?		
PET INFO	Do you have other pets? If yes, please list all species, breeds, ages, sex, etc.		
	Are your pets spayed/neutered?		
	Are your pets vaccines up-to-date?		
	Do you have a separate room away from other animals to house fosters?		



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FOSTERING:

Have you ever fostered before?		If yes, please complete this section.	
What species of animals have you fostered?			
Do you have experience with special needs animals or medical issues?			
What organizations have you fostered for?			
Do you have access to a vehicle?		If no, how do you intend to transport animals for veterinary care and emergencies?	
Do you have any special animal care experience?			
Are you comfortable administering medications if needed?		Are you able to be an on-call foster (pick-up within 36 hours)?	
Will you have the time to bring the animals in to the Shelter for routine checkups and vaccines?			
Please check off the animals you are willing to foster:	<ul style="list-style-type: none"> <input type="radio"/> Bottle babies (kittens or puppies) <input type="radio"/> Nursing or pregnant cats/kittens (5+ weeks) <input type="radio"/> Cats requiring pre/post-operative surgical care <input type="radio"/> Sick cats/kittens requiring medication <input type="radio"/> Cats/kittens requiring extra socialization <input type="radio"/> Nursing or pregnant dogs/puppies <input type="radio"/> Dogs requiring pre/post-operative surgical care <input type="radio"/> Sick dogs/puppies requiring medication <input type="radio"/> Dogs requiring extra socialization or who are not adapting well to Shelter life <input type="radio"/> Other small animals (i.e. rabbits, guinea pigs, birds, rats, ducks, chickens, etc.) 		



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If interested in fostering cats/kittens:	Are you able to dedicate enough time each day to socializing (minimum two (2) hours per day)?	
	Do you have a separate room, isolated from other pets, for the cats/kittens to stay?	
If interested in fostering dogs/puppies:	If you own a dog, does your dog get along with other dogs?	
	Are you willing to house a vocal dog?	
	Are you willing to house a dog that is not house trained?	
	Are you willing to take on the responsibility of house training and socializing a puppy(ies)?	
	If the dog you are fostering is pre/post-operative, how long will the dog be alone in the day?	
	Are you comfortable with crate training?	
Are you willing to foster:	<input type="radio"/> SHORT TERM (8 weeks or less) <input type="radio"/> LONG TERM (more than 8 weeks)	

OTHER REQUIREMENTS:

Please provide two (2) references:

Name:	
Phone Number:	
Relation to reference:	

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Please provide:

- Copy of valid identification
- Criminal Reference Check (vulnerable sector is NOT required)
- Signed copy of contract (to be signed in the presence of an HSKL staff member)

In signing this application, I certify that the information provided herein is true. I recognize that a misrepresentation of facts may result in losing the privilege of fostering a pet for the Humane Society of Kawartha Lakes.

Applicant Name: _____

Signature: _____

Date: _____