



# LINCOLN COUNTY HUMANE SOCIETY

## ADOPTION DOG FOSTER APPLICATION

FIRST & LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### FOR OFFICE USE ONLY

#### PET POINT CHECK

NAME - If found, P#: \_\_\_\_\_  No History

ADDRESS - If found, P#: \_\_\_\_\_  No History

APPROVED  or DENIED  - Staff Initials: \_\_\_\_\_

Canned e-mail response sent? YES  NO   
Date sent: \_\_\_\_\_ Initial: \_\_\_\_\_

Contacted for home visit? YES  NO   
Date contacted: \_\_\_\_\_ Initial: \_\_\_\_\_

Attended address? YES  NO   
Date attended: \_\_\_\_\_ Initial: \_\_\_\_\_

Candidate passed all foster home requirements? YES  NO   
Coordinator signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

### PROGRAM REQUIREMENTS

1. Applicants for this program are required to be 21 years of age.
2. Applicants must, ideally, be able to commit to house the animal until adoption.
3. Regular internet access and communication via e-mail is necessary.
4. Applicants must pass our Dog Foster Care orientation and sign all LCHS required forms prior to housing their first foster animal.
5. Children cannot be the primary care giver for any dog, daily care must be provided by an adult over 21 years of age.
6. Applicants must have a home inspection completed prior to dog being released to your care and home visits throughout the dog's stay.
7. Applicants must have access to their own reliable transportation.

### ABOUT YOU

Please circle, check the boxes or fill in the blanks:

1. Do you have any physical limitations?  
Yes  No   
If yes, please list/describe: \_\_\_\_\_
2. Do you have any allergies?  
Yes  No  If yes, please list them: \_\_\_\_\_
3. When was the last time you visited our shelter?  
0-2 months ago  3-5 months ago  6-8 months ago  9-11 months ago  Over a year ago
4. For what purposes have you visited LCHS? \_\_\_\_\_
5. Have you ever attended any of our Volunteer Orientations? Yes  or No  - If yes, which one? \_\_\_\_\_
6. Do you know any LCHS Staff members or volunteers? Yes  or No  - If yes, who? \_\_\_\_\_
7. If you rent, is your landlord aware that you will be fostering a dog? Yes  or No
8. Is everyone in your household aware you will be fostering a dog? Yes  or No
9. Do you have a fully fenced yard? Yes  or No
10. Are you employed? Yes  or No  - If yes, what is your occupation? \_\_\_\_\_
11. How much time do you spend at home? \_\_\_\_\_
12. Are there children in the home? Yes  or No  - If yes, please list their ages: \_\_\_\_\_
13. Please list the names and relationships of the adults in the home: \_\_\_\_\_

### YOUR PETS

Please circle, check the boxes or fill in the blanks:

1. Are there any pets in your household? Yes  or No   
If yes, please list them:

NAME	TYPE/SPECIES	AGE	SEX	FIXED?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Do you take your pets to see a Veterinarian Regularly? Yes  or No   
If yes, please provide the name of the Veterinarian Clinic/Hospital that you use: \_\_\_\_\_
3. Are your pets up-to-date with their vaccinations? Yes  or No

4. Do we have permission to discuss with your Veterinarian, any questions/concerns we may have regarding your pets? Yes or No

## PAST EXPERIENCE/GENERAL INFORMATION

Please circle, check the boxes or fill in the blanks:

1. Have you ever had any positive or negative dealings with LCHS or any other SPCA? Yes or No

If yes, please explain: \_\_\_\_\_

2. Are you affiliated with any other animal rescue groups? Yes or No

If yes, who? \_\_\_\_\_

3. Please list any related experience, past or present, in owning/caring for dogs: \_\_\_\_\_

5. Do you have any experience in giving medications to dogs? Yes or No

If yes, please explain: \_\_\_\_\_

6. Would you be willing to foster an animal that is on medication? Yes or No

7. Are you able to foster until the animal gets adopted? Yes or No

If no, how long can you foster for? \_\_\_\_\_

8. When are you available to begin fostering? \_\_\_\_\_

9. What will you do with your foster pet when you go on holidays? \_\_\_\_\_

10. What behaviour are you not willing to accept from this foster dog? \_\_\_\_\_

11. What will you do if this type of behaviour surfaces? \_\_\_\_\_

9. Please provide a name and phone # of 2 personal references who can comment on your suitability for fostering with us:

i. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ii. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

10. Please list 2 emergency contact numbers for yourself:

i. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ii. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## ACKNOWLEDGEMENT

I understand and agree that the animals in my care belong to the Lincoln County Humane Society (LCHS) and that I am temporarily caring for them in my home. In the case that I would like to adopt any of the animals in my care, arrangements will be made in accordance with adoption standards set forth by LCHS. I also understand and agree to turn over, at any time, any animals owned by LCHS, in my care when requested by LCHS staff; I understand: Yes

Further, I also agree that I will not hold the LCHS or LCHS agents or 3<sup>rd</sup> parties liable in the event that any of my own pets should become ill or injured due to interaction with foster animals. I acknowledge that I have been advised to keep all fostered animals isolated from my own pets. If I choose to allow them to interact and illness should arise, I accept personal responsibility for any veterinary bills; I understand: Yes

I also agree to abide by the LCHS Confidentiality Agreement, and not divulge any information or photos relating to my foster(s) through verbal, written, or social media correspondence, unless otherwise authorized by the coordinator or management; I understand: Yes

Third-party or visitor contact must be previously authorized by the coordinator or management; I understand: Yes

If your foster dog shows signs of illness you must contact the rescue group coordinator immediately via e-mail. If they are not available, call the shelter front desk. Vet care must be pre-approved and we have arrangements with specific vet clinics; I agree to do this: Yes

Are you able to take and e-mail photos, as well as write a description of the foster animals for social media? Yes  No

Routine and/or emergency visits to LCHS approved veterinarians may be part of fostering and are scheduled by one of the Dog Foster Coordinators, as required. Transporting the animal(s) to and from the clinic will be the responsibility of the foster provider. Do you anticipate any availability or transportation conflicts? Yes  No

**PLEASE NOTE:** if you are no longer interested in fostering or you have any questions, please email our coordinator at [dogfostering@lchs.ca](mailto:dogfostering@lchs.ca)

*The LCHS appreciates the interest of our applicants, we recognize that your time is valuable and we thank you and appreciate that you are considering giving that time to help animals at the Lincoln County Humane Society!*

By signing below applicants acknowledge the above information is correct and fostering is conducted at their own risk, this includes injury and transmission of viruses or diseases to their own pets.

I undersign and signify that all of the information contained herein is true and understand that any false information will result in immediate application denial. The LCHS reserves the right to refuse any applicant.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your application to [nbonin@lchs.ca](mailto:nbonin@lchs.ca)  
You may also fax it to 905-682-8133 or mail/deliver it to the Shelter.

## Foster Care Temporary Care Release Form

I, the undersigned, agree to the following:

1. The Lincoln County Humane Society (LCHS) and its employees, agents or 3<sup>rd</sup> parties shall not be held liable or responsible for any damage or injury to any person or property caused by any animals while in foster care.
2. I understand that through fostering I do not own the animal(s) in my care. Ownership is only transferred after completing the LCHS adoption process and paying any requisite fees. Fostering does not guarantee approval for adoption.
3. All supplies for fostering will be provided by the LCHS. All monetary expenses must be approved by the LCHS in advance. Foster parents may choose to pay out of pocket and such expense may be eligible for a tax receipt, but is not guaranteed, upon review and production of a receipt for those expenses.
4. I agree to care for the animal(s) in a responsible manner and will provide the proper food, water, shelter and care, both medical and other, and I will humanely house any animal(s) in my care at all times. I will keep dogs and puppies indoors at all times except for bathroom breaks.
5. I agree that the LCHS has explained the animal's behavior and medical history to me.
6. I understand that either party may terminate this agreement at any time. I agree to provide 24 hours notice if I wish to terminate a foster situation and will provide notification by telephone to the coordinator. The LCHS may terminate this agreement at any time, and with no notice, if deemed necessary.
7. The LCHS reserves the right to refuse any adoption or foster arrangement.
8. The LCHS makes no warranties or claims that an animal(s) in a foster situation are completely healthy and free from aggression. All foster care providers acknowledge that foster animals may harbor illnesses, disease, or parasites, and hold LCHS, LCHS agent and 3<sup>rd</sup> parties, not responsible if transmitted to another person or animal. As such, I agree that taking any animal(s) into my home I bear the risk and sole responsibility for any and all injuries or illness to people, visitors, my pets, or pets in my home. Further, I hold the LCHS/ LCHS agents and 3<sup>rd</sup> parties blameless for such injury or illness, should it occur.
9. I acknowledge that I have reviewed this Temporary Care Release Form and I understand and accept its terms. I also accept responsibility for the animal(s) and their actions while in my care.

Foster Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LCHS Representative: \_\_\_\_\_

Date: \_\_\_\_\_

## Dog Foster Care Agreement/Liability Waiver

I understand and agree that:

1. The dog(s) described herein are the property of the LCHS and LCHS will provide veterinary care for the dog(s).
2. I will provide food and fresh water on the required scheduled basis and provide frequent bathroom breaks.
3. If the dog(s) is in need of veterinary attention, shows any sign of distress or illness, or is lost or injured, I will contact LCHS immediately.
4. If I am unable to care for the dog(s), I agree to contact the LCHS Fostering coordinator immediately. LCHS agrees to remove the dog(s) from the premises at my request as soon as possible.
5. If you do not have a fenced in outside area for our foster dog and LCHS has still approved; you promise to follow proper guidelines outlined by the LCHS Dog Foster Coordinator on how to safely and securely tether our dog in the confines of your property when let outside, and that at no time will our dog be left outside by his/her self without your own supervision.
6. Part of the foster program includes a home visit, before the animal is fostered to you and multiple progress follow-up visits during his or her foster stay by the LCHS Dog Foster Coordinator. Do you have any reservations regarding an LCHS Officer and/or our LCHS Dog Foster Coordinator performing an inspection of your home and/or yard, and the subsequent follow-up visits?  
Please Circle: Yes / No
7. LCHS may remove the dog(s) at any time for veterinary care or other purposes. I will not allow the dog(s) to be removed from the premises or give the dog(s) to any third party without prior approval from the LCHS Fostering Coordinator. If LCHS has told you no other animals are allowed in same home as the foster dog then you will not permit visitors to bring their animals into your home during the foster care. If LCHS has explained the dog is cautious around strangers you have agreed not to socialize the dog outside your home without the consent of LCHS.
8. The adopting of the dog(s) into a permanent home will be in accordance with LCHS policies. I understand that I must refer anyone interested in adopting the dog(s) to LCHS. If I choose to adopt any of the animals in my care, arrangements will be made in a timely manner in accordance with the adoption standards set forth by LCHS.
9. I understand that my volunteer work does involve contact with many different breeds and temperaments of dogs therefore there is a risk that I may be scratched, bitten, physically injured during handling/walking or may come into contact with a diseased animal.
10. In consideration for the opportunity to perform volunteer work for the Lincoln County Humane Society, I agree to fully release, indemnify and hold harmless the Lincoln County Humane Society, and it's officers, directors, employees, agents or third parties, from any and all liability for any damage or injury, whether arising from this contract or a breach thereof, or from any act of negligence or gross negligence by the Lincoln County Humane Society, its officers, directors, employees, agents or third parties.
11. I understand that it is my responsibility to inform my doctor of my volunteer work for the Lincoln County Humane Society so we can discuss which, if any, vaccinations would be recommended for me.
12. Everyone in the household as well as your Landlord are aware and know about the agreement to have the dog(s) in the home. I have read and understand the terms of this agreement and will abide by all the conditions stipulated.
13. If I fail to abide by the terms of this agreement or am otherwise unable to meet the program requirements, I may be terminated from the Society. I understand that I may at anytime with or without cause be removed from my position as a volunteer at the sole discretion of the Lincoln County Humane Society.

NAME OF PRIMARY CARE GIVER (Please Print): \_\_\_\_\_

LOCATION IN HOME WHERE DOG WILL BE KEPT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_