



LINCOLN COUNTY HUMANE SOCIETY

SMALL ANIMAL 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 18 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 Small Animal 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 Small Animals, daily care must be provided by an adult over 18 years of age.

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? (More specifically, allergies to animals or grass/hay)
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 Small Animal? Yes or No
8. Is everyone in your household aware you will be fostering a Small Animal? Yes or No
9. Are you employed? Yes or No - If yes, what is your occupation? _____
10. How much time do you spend at home? _____
11. Are there children in the home? Yes or No - If yes, please list their ages: _____

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"/>
				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 small animals: _____

4. What species of small animals are you interested in fostering?

Rabbit Guinea Pig Fancy Rat Bird Reptile Chinchilla Degu Hamster

5. Do you have any experience in giving medications to small animals? 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 pet? _____

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

You must read the **species-specific care handout** in full even if you have owned small animals before; I agree to do this and will follow all instructions for feeding, housing, cleaning and handling: Yes

I agree not to let any LCHS small animals come into direct nose-to-nose contact with an animal they do not share a cage with: Yes

I will take extra precaution to avoid spreading the bordatella virus from rabbits, dogs or cats to guinea pigs at LCHS (bordatella is naturally carried by dogs, cats and rabbits so those animals must not be within nose-contact or sneezing distance of guinea pigs). I will always wash / sanitize hands before touching a guinea pig or his cage accessories: Yes

Small Animals must be housed indoors at all times; I agree to do this: Yes

If your foster animal shows signs of illness you must contact the small animal 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

PLEASE NOTE: if you are no longer interested in fostering or you have any questions, please email our coordinator at smallanimals@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 smallanimals@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 3rd 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 small animals indoors at all times.
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 3rd 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 3rd 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: _____

Small Animal Foster Care Agreement/Liability Waiver

I understand and agree that:

1. The small animal(s) described herein are the property of the LCHS and LCHS will provide veterinary care for the animal(s).
2. I will provide food and fresh water on the required scheduled basis and a frequently-cleaned litter box at all times.
3. If the animal(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 animal(s), I agree to contact the LCHS Fostering coordinator immediately. LCHS agrees to remove the animal(s) from the premises at my request as soon as possible.
5. I will keep the animal(s) indoors at all times. Small animals will be transported in a carrier. If the animal gets loose, I will contact LCHS immediately.
6. The LCHS Fostering Coordinator will contact me to see how the animal(s) is (are) doing and may arrange to visit a number of times.
7. LCHS may remove the animal(s) at any time for veterinary care or other purposes.
8. I will not allow the animal(s) to be removed from the premises or give the animal(s) to any third party without prior approval from the LCHS Fostering Coordinator.
9. The adopting of the animal(s) into a permanent home will be in accordance with LCHS policies. I understand that I must refer anyone interested in adopting the animal(s) to LCHS.
10. I understand that my volunteer work does involve contact with many different breeds and temperaments of small animals therefore there is a risk that I may be scratched bitten or may come into contact with a diseased animal.
11. 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.
12. 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.
13. Everyone in the household knows about the agreement to have the animal(s) in the home. I have read and understand the terms of this agreement and will abide by all the conditions stipulated.
14. 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 ANIMAL WILL BE KEPT: _____

SIGNATURE: _____

DATE: _____