



Please email to contact@medhatspca.ca

Medicine Hat SPCA Foster Volunteer Application

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____

Why would you like to participate in the foster program?

What are you able to Foster? Check all that apply *

- Puppies (6-10 weeks old)
- Pregnant Momma Dogs
- Moms and Puppies
- Kittens (6-10 weeks old)
- Pregnant Momma Cats
- Moms and Kittens
- Medical Recovery (cases vary)
- Behavior Special Needs Dogs

Please list the current animals in your household:

Pet's Name	Species	Sex	Spayed or Neutered?	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are your pets good with other animals? _____

If you have cats, do you keep them indoors or do you let them outside?

If you have dogs, do you keep them primarily indoors or outside?

Do you have a fenced yard? Yes No

Please indicate your housing status:

- Rent an apartment Own a house or condo
- Rent a house Live with parents

Do you work outside of the home? Yes No

How many hours a day are your pet's home alone? _____

Where are they kept when you are away from home? _____

Do you have children in your household? Yes No

If yes, how many? _____

Please list their ages: _____

Is your home a non-smoking home?

- Yes
 No

Are you willing to take the time to work with a pet on issues such as housebreaking/litter training, socialization, basic training, follow up medical care, etc.?

- Yes
 No

If a behavioral problem arises, what steps would you take to remedy that situation? *

Do you agree to "puppy/kitten proof" your home and remove and/or store/lock up items in which could be damaged and/or ingested causing harm to the animal(s)? (e.g., chemicals, small items, inappropriate food)

- Yes
 No

Do you understand and accept that animal can cause damage to your carpets, furniture, vehicles and belongings?

- Yes
 No

Furthermore, DO YOU AGREE TO RELIEVE AND ABSOLVE THE MEDICINE HAT SPCA OF ANY RESPONSIBILITY FOR SAID DAMAGES or NEGLIGENCE ON YOUR PART SHOULD THEY OCCUR?

- Yes
 No

Please initial here:

Most animals will have one vaccination/dewormer/flea treatment prior to going to foster. However, some situations will arise in which the animal does not have this prior to foster

placement (e.g. animal is ill or injured and not healthy enough for vaccines; animal gets picked up from shelter prior to initial vet appointment). There is a possibility that your foster animal may be carrying worms, fleas, ticks, mange, parvo, distemper, etc. when they arrive in your home. This is why it is important that all resident animals be in good health and up to date on vaccinations and deworming. It is also recommended to keep foster animals separate from resident animals until the foster has seen a vet.

- Yes
- No

Foster parents are incredibly special in our organization. We support each other's efforts, share ideas and believe in teamwork. The Medicine Hat SPCA thanks you very much for your application and looks forward to working with you in the near future.

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all of the questions and sign the application can result in this application being denied. Also, if an omission or untruth is discovered after the placement takes place, I understand and accept that The Medicine Hat SPCA has the right to remove the animal and equipment issued from my care.

I agree to a home and yard visit, prior to my fostering the first animal, on a mutually agreed date by a Medicine Hat SPCA Representative if required. I agree to keep this pet(s) healthy with proper nutrition and veterinary care to keep this pet(s) safe from all harm and provide a loving home.

Please initial here:

Please list two personal references that we may contact:

#1: _____

Phone number: _____ your relationship: _____

#2: _____

Phone number: _____ your relationship: _____

Foster Home Applicants Signature: _____

Date: _____