



E-mail completed application form to foster@medhatspca.ca

Medicine Hat SPCA Foster Volunteer Application

Name: _____

Address: _____

Home Phone: _____ Alternate #: _____

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

Are you currently fostering for another organization? Yes No

If so, which organization? _____

Please list the current animals in your household:

Species	Gender	Altered	Age

Are your pets currently up to date on vaccinations? Yes No

Are you willing to provide current vaccine certificates? Yes No

***Please attach a copy of your pet's current vaccine history to this e-mail.**

***We require all homes fostering pregnant moms and/or puppies/kittens to be up to date on vaccinations as they are the most susceptible to illness.**

Are your pets good with other animals? Yes No

Please describe your pet's personality:

If you have cats, are they kept strictly indoors? Yes No

If no, please provide further details: _____

If you have dogs, do you keep them primarily indoors or outside? Yes No

Do you have a fenced yard? Yes No

***Please attach pictures of all gates, fence and yard.**

Do you work outside of the home? Yes No

Please indicate (circle) your housing status:

Rent Own

House Apartment Condo Duplex

If you rent, please provide your landlord's contact information as we need confirmation that you can house our animals.

Name: _____ Phone: _____

Do you work outside of the home? Yes No

How many hours a day are your pets home alone? _____

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

Do you have children in your household? Yes No

Are there visiting children? Yes No

If yes, how many? _____

Please list their ages: _____

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 fostering a dog, are you willing to crate train them? Yes No

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 (eg. 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 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 Parent Waiver

What the MHSPCA Supplies:

We supply all food and veterinary care for each animal in our care. We supply donated blankets, crates, food, dishes, toys, leashes, collars, harnesses, shampoo, etc. Supplies are available for pick up between 12-6pm at our shelter.

What Foster Parents Supply:

Foster families provide an intermediary home until a puppy/kitten is of the age and health to be adopted. This requires a foster family to be patient and provide training while the animal is learning to get along with new people, animals, homes, rules, etc. Foster families must be available to transport animals to the shelter or to vet appointments etc.

Waiver:

I personally guarantee that my resident pets are up-to-date with vaccinations and are in good health. The Medicine Hat SPCA will not be held responsible for any damage brought to the house or inhabitants as a result of my decision to foster an animal.

Please initial here:

Volunteer Agreement and General Release:

Volunteer Acknowledgement and Participation. I agree to volunteer for the Medicine Hat SPCA under the laws of the Province of Alberta. I do so at my own will, and no one has demanded that I participate in any Medicine Hat SPCA activities.

Nature of Volunteering. I will be contributing my efforts to various Medicine Hat SPCA activities assigned to me by the executive director, manager or AHT: To read any volunteer related materials given to me, complete all required orientation, training and paperwork related to my volunteer position(s).

To disclose any physical or psychological limitation to appropriate staff before participating in any activity. Since I may be interacting with animals, healthy and sick, big and small, and maybe lifting, carrying, moving, or otherwise engaging in physical labor, I will be respectful of my own limitations and will inform staff immediately of any such limitations.

To read and obey all Medicine Hat SPCA safety rules and regulations. In the interest and in the safety of the animals, staff, and volunteers. I acknowledge that the Medicine Hat SPCA has the right to revoke volunteer privileges if these rules and regulations are not followed.

To treat all Medicine Hat SPCA staff, volunteers, animals, property, tools and equipment with respect and kindness. I will also return all Medicine Hat SPCA property when my volunteer relationship ends or upon request.

Either I or the Medicine Hat SPCA can terminate this relationship

No Compensation. I agree to provide my services without compensation. I will not be compensated for my efforts nor am I an agent or contractor of the Medicine Hat SPCA.

Responsibility for My own Acts and Omissions. I hereby agree to be legally and financially responsible and will hold the Medicine Hat SPCA harmless for my own acts and omissions relating my volunteer activities with the Medicine Hat SPCA.

Assumption of Risk. I am voluntarily participating in the activities of the Medicine Hat SPCA with full knowledge of the risks and dangers involved and hereby agree to accept any and all risks of injury, death, or damage to myself and/or my personal property. As a volunteer, I may come into contact with and interact with animals, and such work entails risk of personal injury due to proximity to animals, dangerous equipment, long-distance driving, and other considerations. These include, but are not limited to, being bitten, kicked, clawed, tripped, and possibly exposed to zoonotic diseases.

Photo, Video and Audio Release. I understand that as a volunteer of the Medicine Hat SPCA, I may be recorded on film, video or other electronic recording media. I hereby consent to such recording and to the use by the Medicine Hat SPCA of any recorded images or other media recordings of my name and likeness for any purpose related to the furtherance of the objectives of the Medicine Hat SPCA. In particular, I grant the Medicine Hat SPCA permission to copyright and use, reuse, publish, and republish A-V Recordings, without restriction as to changes and alterations, for art advertising, trade, or any other purpose.

Release. As consideration for being permitted by the Medicine Hat SPCA to volunteer. I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Medicine Hat SPCA for injury or damage resulting from any act, omission, negligence or other acts by any employee, agent, contractor, or representative of the Medicine Hat SPCA as a result of my participation in activities and volunteering and any A-V Recordings.

I hereby release the Medicine Hat SPCA from all actions, claims, or demands that I, my assignees, heirs, distributors, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in activities and performance of volunteer services.

Confidentiality. Due to the nature and scope of the work done by the Medicine Hat SPCA, it is imperative that all volunteers of the agency adhere to strict confidentiality of all animal information they are privy to. All animal information, including their origin, medical records, and any special circumstances around which some animals are surrendered, must be kept in the strictest confidence. In addition, at no time will any volunteers of the agency speak to the media about any animals in care unless they are the designated agency spokesperson. The confidentiality of animal records and information does not end with termination of the relationship between the volunteer and the Medicine Hat SPCA.

Term of Agreement. I acknowledge that this agreement will apply to the entire term of my volunteer relationship, starting with the date I first perform volunteer duties for the Medicine Hat SPCA, even if it pre-dates the date of this agreement, and continuing as long as I continue to be a volunteer and thereafter as is necessary to protect the interests and rights of MHSPCA arising with respect to confidentiality and use of my work products and/or A-V material as authorised above.

Foster Home Applicants Printed Name: _____

Foster Home Applicants Signature:
