



**Peterborough
Humane Society**

**FOSTER
APPLICATION**

Foster Application

A. Personal Profile

Name: _____

Address: _____ Postal Code _____

Phone: Home () _____ Work () _____ Cell () _____

E-mail: _____

Do you have access to a vehicle? Yes No

1. Housing status (check all that applies):

- Own Rent House Apartment Townhouse/duplex
 Balcony Elevator Fenced Yard; Height of fence _____ ft.

2. Are there children living in or frequently visiting your home? Yes No

a. If yes, please list their ages: _____

b. Are they comfortable around animals? Yes No

i. If yes, what are they comfortable around? Cats Dogs

B. Becoming a Foster Volunteer

1. Why do you want to become a foster volunteer?

2. Please list any other foster or rescue programs that you volunteer your time with (Inc. feral cats):

3. Do you have experience administering medication to animals? If yes, please describe

4. Please provide a brief description of your experience with very young, ill, injured or under socialized animals:

5. Please indicate which animals you are interested in fostering – please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Cats needing pre/post surgical care | <input type="checkbox"/> Dogs needing pre/post surgical care |
| <input type="checkbox"/> Sick cats or kittens | <input type="checkbox"/> Sick Dogs or puppies |
| <input type="checkbox"/> Nursing/pregnant cats | <input type="checkbox"/> Nursing/ pregnant dogs |
| <input type="checkbox"/> Injured Cats | <input type="checkbox"/> Injured Dogs |
| <input type="checkbox"/> Under socialized Cats | <input type="checkbox"/> Under socialized Dogs |
| <input type="checkbox"/> Hamsters, Gerbils, Rabbits, Rats | <input type="checkbox"/> Horses |

6. Please describe the area where the foster animal(s) will be isolated:

7. Please indicate the amount of time per day that you can dedicate to your foster, and how many hours will the animal be alone on a regular basis?

8.

While it is possible to rehabilitate most animals that are fostered, there may be occasions when a decision to euthanize is made. This decision is the responsibility solely of the Peterborough Humane Society. Please describe your concerns, philosophies and beliefs on this, making reference to your ability to accept such a decision.

C. Canine Fostering: Please complete this section if interested in fostering canines – if not please go to section D.

1. How much time are you able to dedicate each day to walking/exercising your foster dog or puppy?

Minute's _____ Hours _____

2. Do you have any experience with the following (check all that apply):

Experience	Yes	No	Comments
Dog Sports Agility/fly ball	<input type="checkbox"/>	<input type="checkbox"/>	
House training	<input type="checkbox"/>	<input type="checkbox"/>	
Obedience Training	<input type="checkbox"/>	<input type="checkbox"/>	
Puppy Training	<input type="checkbox"/>	<input type="checkbox"/>	
High Energy Dogs	<input type="checkbox"/>	<input type="checkbox"/>	

3. Are you able and willing to house a vocal dog Yes No

4. Do you have a dog of your own? Yes No

If yes does your dog get along with other dogs? Yes No

Comments:

5. Are you comfortable fostering a dog that may house soil? Yes No

D. Personal Pet(s) Profile

Please list all pets that are currently part of your household.

Species	Breed	Age	Sex	Sterilized	Date/type of last vaccines

Foster Animal History Form

OSPCA Branch _____ Microchip # _____ Date: _____

Cat: _____ Kitten: _____ Dog: _____ Puppy: _____ Horse: _____ Other: _____

Breed/Type: _____ Color: _____ Age: _____

History – Length of time you have had your foster cat? _____

Diet – # of times per day you feed 1 _____ 2 _____ 3 _____ Free Feed _____

Is their appetite: Very Good _____ Good _____ Fair _____ Poor _____ Fussy _____

You and Your Foster Animal

Do you live in: House _____ Apartment _____ Condo _____ Row House _____

Does the foster animal live with other: Cats _____ Dogs _____ Other Animals _____

Does your foster animal get along with other animals? :Yes _____ No _____

Male Cats _____ Female Cats _____ Male Dogs _____ Female Dogs _____

Environment:

Lives with:

Quiet Person Lives Alone _____ Retired Couple _____ Active Family _____ Quiet Family _____

Is some home during the day? Yes _____ No _____

Age of children _____

Does your foster? Put up with active Children _____ Stays clear of children _____

Doesn't mind being handled by children _____ Nervous around children _____

Use to Children _____ Has never known children _____

Litter Box Habits (For Cats)

The Cat/Kitten is: Messy ___ Clean ___ Very Clean ___

Type of litter? Clumping ___ Non Clumping ___ Clay ___ Newspaper ___

Type of litter box? Covered ___ Open ___

Scratching

What does your foster animal scratch their claws or paws with?

Scratching post ___ Soft furnishings (sofa, etc) ___ Carpet/Rugs ___ Drapes ___

Door ___ Hardwood Furniture ___ Other ___ Please Specify ___

Behavior

Does your foster animal jump on counters ___ furniture ___ tables ___

Begs for Food? Yes ___ No ___

Eats Plants? Yes ___ No ___ Digs Plants? Yes ___ No ___

How aggressive is your foster animal	Not Aggressive	Warning Meow or growl	Scratches or bites without breaking skin	Scratches and breaks skin	Bites breaking skin
When you pet him/her	1	2	3	4	5
When you pick them up	1	2	3	4	5
When you groom them	1	2	3	4	5
Towards other cats at home	1	2	3	4	5
Towards other dogs	1	2	3	4	5

How vocal is your foster animals	Never	rarely	Occasionally	Often	Always
With you	1	2	3	4	5
With other animals in home	1	2	3	4	5
By themselves	1	2	3	4	5

How Playful is your foster animal	Never	rarely	Occasionally	Often	Always
With you	1	2	3	4	5
With Toys	1	2	3	4	5
With other cat in home	1	2	3	4	5
With themselves	1	2	3	4	5
With dogs	1	2	3	4	5

How Fearful is your foster animal	Never	rarely	Occasionally	Often	Always
With you	1	2	3	4	5
Towards visitors	1	2	3	4	5
With children	1	2	3	4	5
Loud Noises	1	2	3	4	5
Towards other cats	1	2	3	4	5
Towards dogs	1	2	3	4	5

How Friendly is your foster animal	Never	rarely	Occasionally	Often	Always
With you	1	2	3	4	5
With Strangers	1	2	3	4	5
With other cats	1	2	3	4	5
Towards Kids	1	2	3	4	5
Towards dogs	1	2	3	4	5

Other Information	Never	rarely	Occasionally	Often	Always
Likes to sleep in bed with you	1	2	3	4	5
Likes to be petted	1	2	3	4	5
Wants to be where you are	1	2	3	4	5
Is active & intense	1	2	3	4	5
Is patient & easygoing	1	2	3	4	5