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# Personal Profile

**Foster Application**

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.
	1. Are there children living in or frequently visiting your home? □ Yes □ No
		1. If yes, please list their ages:
		2. Are they comfortable around animals? □ Yes □ No

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

# 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):

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

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

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

Cats needing pre/post surgical care Dogs needing pre/post surgical care Sick cats or kittens Sick Dogs or puppies

Nursing/pregnant cats Nursing/ pregnant dogs

Injured Cats Injured Dogs

Under socialized Cats Under socialized Dogs

Hamsters, Gerbils, Rabbits, Rats Horses

1. Please describe the area where the foster animal(s) will be isolated:
2. 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?
3. Canine Fostering: Please complete this section if interested in fostering canines – if not please go to section D.

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

Minute’s Hours Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| Experience | Yes | No | Comments |
| Dog Sports Agility/fly ball |  |  |  |
| House training |  |  |  |
| Obedience Training |  |  |  |
| Puppy Training |  |  |  |
| High Energy Dogs |  |  |  |

* 1. Are you able and willing to house a vocal dog Yes  No
	2. Do you have a dog of your own? Yes  No 

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

**Comments:**

* 1. Are you comfortable fostering a dog that may house soil? Yes No
1. **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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**F. Please list two references**(name, address, phone)

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 someone 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

Used 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 withoutbreaking 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 athome | 1 | 2 | 3 | 4 | 5 |
| Towards other dogs | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How vocal is your fosterAnimal(s) | Never | Rarely | Occasionally | Often | Always |
| With you | 1 | 2 | 3 | 4 | 5 |
| With otheranimals in home | 1 | 2 | 3 | 4 | 5 |
| By themselves | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How Playful is your fosteranimal | Never | Rarely | Occasionally | Often | Always |
| With you | 1 | 2 | 3 | 4 | 5 |
| With Toys | 1 | 2 | 3 | 4 | 5 |
| With other cat inhome | 1 | 2 | 3 | 4 | 5 |
| With themselves | 1 | 2 | 3 | 4 | 5 |
| With dogs | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How Fearful isyour 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OtherInformation | Never | Rarely | Occasionally | Often | Always |
| Likes to sleep in bed with you | 1 | 2 | 3 | 4 | 5 |
| Likes to bepetted | 1 | 2 | 3 | 4 | 5 |
| Wants to bewhere you are | 1 | 2 | 3 | 4 | 5 |
| Is active &intense | 1 | 2 | 3 | 4 | 5 |
| Is patient &easygoing | 1 | 2 | 3 | 4 | 5 |