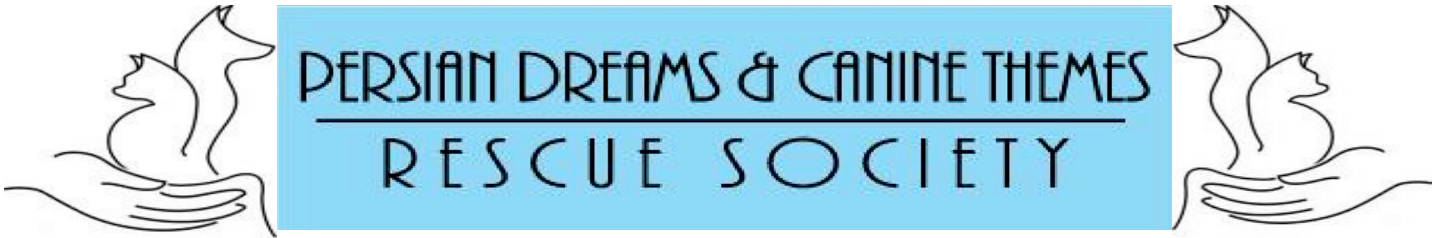


Office Info Only:

Disclosure Form Signed \_\_\_\_\_ Home Check Done \_\_\_\_\_ Foster Home Handbook \_\_\_\_\_  
Vet Checks Done \_\_\_\_\_ References Done \_\_\_\_\_ Approved: Y N



*"Helping Every Tail Find A Happy Ending"*

PO Box 23134, Medicine Hat, AB T1B 4C7 Phone: 403-529-2287 Fax: 403-528-4551

Email: [persiandreams@hotmail.com](mailto:persiandreams@hotmail.com) Website: [www.persiandreamsrescue.org](http://www.persiandreamsrescue.org)

## FOSTER HOME APPLICATION

### **APPLICANT'S PERSONAL INFORMATION (Must be 18yrs or older)**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Status: \_\_\_\_\_ Retired \_\_\_\_\_ Employed \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_

### **FAMILY INFORMATION**

Does anyone in your family have pet allergies? Yes/ No

of home do you reside in? (House, Condo, Duplex.. etc) \_\_\_\_\_

Please circle which best applies: Rent/own. If you rent, please provide landlord's name and phone number

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have children at home? Yes/No

Are the children accustomed to and educated about animals? Yes/ No

What are the ages of the children? \_\_\_\_\_

Why do you (your family) want to foster? \_\_\_\_\_

Have you ever owned a cat before? Yes/ No

Please specify past and present animals in your home, include name, age, breed, gender(if sterilized) and if vaccines are up to date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the veterinarian clinic your animal(s) attend or did attend.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please provide the name and phone number of two (**non-family**) references that are aware of your families' interaction with pets. (ie. Vet, neighbour or friends)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Have you applied, worked and/or currently volunteering with other rescue organization? Yes / No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

### REGARDING THE ANIMAL(S)

The age of a cat you can foster? \_\_\_\_\_ Kitten, \_\_\_\_\_ Adult, \_\_\_\_\_ Senior, \_\_\_\_\_ All ages

The gender of cat you can foster? \_\_\_\_\_ Female, \_\_\_\_\_ Male, \_\_\_\_\_ Both

Would you be able to foster a animal with special/medical needs? Yes /No

Are you comfortable giving injections, eye drops, and/or required medications? Yes/No

Will you be able to transport the foster to and from veterinarian and grooming appointments? Yes/no

How many hours are you able to spend with the animal per day? 4 or less hours/ 4-8 hours/ 8 or more hours

Where will the dog or cat be kept when you and (family) are not at home? \_\_\_\_\_

\_\_\_\_\_

If the cat showed behavioural problems how would you correct its behaviour? (ie. biting, growling, potty accidents, food or toy aggressions, and scratching)? \_\_\_\_\_

\_\_\_\_\_

### FOSTER HOME TERMS

I/We agree foster animal(s) needing to see a veterinarian to contact the Veterinary contact person who will notify the clinic of the animal's reason for visit and arrangements will be made. \_\_\_\_\_ (initial)

I/We have reviewed the City's Responsible Animal Ownership Bylaw and will review the PDCT Foster Home Handbook \_\_\_\_\_ (Initial) I/We agree at anytime I/WE are going to be away (out of Medicine Hat) will call the Foster Home Coordinator so arrangements can be made as necessary. \_\_\_\_\_ (Initial) I/We agree that foster cats are indoor only \_\_\_\_\_ (Initial).

I/We acknowledge that all the information contained in this form is true and correct to the best of my knowledge. I also hereby state that Persian Dreams and Canine Themes Rescue Society is not liable for any destruction of property, or aggressive behaviour, from a foster animal. I understand that Persian Dreams and Canine Themes Rescue Society have evaluated, to the best of their ability, to place with me /us a compatible animal. I understand, also, that I must be in control of my own animal(s) at all times and in control of the foster animal(s). I also state in this agreement, that if in fact; the foster in my home is not working out and must be removed, to allow adequate time for placement (three weeks). I hereby state that Persian Dreams and Canine Themes Rescue Society will provide the foster animal with the basic necessities it will need. This includes food, collar, leash, harness, and medical costs.

Any contributions from the foster home such as cat litter, food, paying vet bills, etc. is very welcomed and appreciated; however, it is not a requirement.

### FOSTER TERMS ACCEPTANCE SIGNATURES

\_\_\_\_\_  
Foster Signature

\_\_\_\_\_  
Rescue Representative Signature

\_\_\_\_\_  
Date Application Received

\_\_\_\_\_  
Date Application Approved

The information provided on this document is confidential and will only be shared with the adopter's consent.