

*Society Use Only:*

Confidential Policy \_\_\_ Disclosure Form Signed \_\_\_

Check one: CAT \_\_\_ Dog \_\_\_ Both \_\_\_

Reimbursement Policy and Gift In Kind Form \_\_\_

Foster Home Handbook \_\_\_

Home Check Done \_\_\_\_\_

Vet Checks Done \_\_\_\_\_ References Done \_\_\_\_\_

Approved: Y N



*"Helping Every Tail Find A Happy Ending"*

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

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

## FOSTER HOME APPLICATION

### **APPLICANT'S PERSONAL INFORMATION**

Are you 18 years of age and older? Yes ( ) No ( )

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

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

City/Town: \_\_\_\_\_

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

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

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

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

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

### **FAMILY INFORMATION**

Does anyone in your family have pet allergies? Yes ( ) No ( )

Do you rent your current home? Yes ( ) No ( ) Do you own your current home? Yes ( ) No ( )

If you rent, please provide landlord's name and phone number.

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

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

How long have you been at your current address? \_\_\_\_\_

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? \_\_\_\_\_

Are the children going to participate in the day to day care of the foster animal? Yes ( ) No ( )

If yes, please give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Have you ever owned a dog before? Yes ( ) No ( )

Have you ever owned a cat before? Yes ( ) No ( )

If yes, how long did you have it and if you no longer have it what happened to your pet? \_\_\_\_\_  
\_\_\_\_\_

Do you own any other animals at present? Yes ( ) No ( )

If yes, please give name, breed, gender and age of each. \_\_\_\_\_  
\_\_\_\_\_

Please state which are altered (spayed/neutered) and which (if any) are not. \_\_\_\_\_  
\_\_\_\_\_

What brand and type of pet food do you feed your pets? \_\_\_\_\_

Are your present pets current on vaccines? Yes ( ) No ( )

If any, are not current please state the reason. \_\_\_\_\_  
\_\_\_\_\_

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

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

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

City/Town: \_\_\_\_\_

Boarding facility and/or person(s) who care for your pets when you're on vacation?

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)

You (family) will foster a \_\_\_\_ dog, \_\_\_\_ cat, \_\_\_\_ or both.

If yes to a dog what size can you work with? \_\_\_\_ 5 - 25 lbs., \_\_\_\_ 25 - 50 lbs., \_\_\_\_ 50 - 150 lbs.

The age of a dog you can foster? \_\_\_\_ Puppy, \_\_\_\_ Adult, \_\_\_\_ Senior, \_\_\_\_ All ages

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

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 ( )

Do you have a completely fenced back yard? Yes ( ) No ( )

What is the height of the fence? \_\_\_\_\_ Material of fence (ie Wood, chain link, etc) \_\_\_\_\_

Will you be able to take a dog to obedience lessons if required? Yes ( ) No ( )

Will you be able to transport the foster to and from veterinarian and grooming appointments? Yes ( ) No ( )

How much time are you and (family) able to spend with the animal? \_\_\_\_\_

How and where do you plan to exercise a dog? \_\_\_\_\_

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

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

Can you foster more than one animal at a time (within City by-laws)? Yes ( ) No ( )

## **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 agree that foster dogs are not allowed off-leash \_\_\_\_\_ (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 Signature

\_\_\_\_\_  
Persian Dreams Representative Signature

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\*Please check the Volunteer Application also\*



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## VOLUNTEER APPLICATION

Applicant Name: \_\_\_\_\_ Are you 18 years of age or older? Y / N  
Name of Parent or Legal Guardian if under 18: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Current Status: \_\_\_\_\_ Retired \_\_\_\_\_ Employed \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_  
Emergency Contact Information: \_\_\_\_\_  
How would you like to be contacted? Please circle preference: By Phone-By Email-By Text-By Facebook  
How did you hear about Persian Dreams? \_\_\_\_\_  
Do you have experience volunteering with other organizations? Yes ( ) No ( )  
If yes, please describe and explain position: \_\_\_\_\_

Have you or anyone you live with ever been charged under a Responsible Pet Ownership Bylaw or similar bylaw? Y / N If Yes, please explain:  
\_\_\_\_\_

Have you or anyone you live with ever been charged and/or have a prohibition order under the Animal Protection Act? Or had a complaint or been investigated for animal cruelty? Y / N If Yes, please explain:  
\_\_\_\_\_

Please list name and phone number of 2 references whom we may contact:

1. \_\_\_\_\_
2. \_\_\_\_\_

Please check which volunteer activities you are interested in:

\_\_\_\_\_ Fostering (please complete a Foster Home Application)

\_\_\_\_\_ Dog training      \_\_\_\_\_ Socializing Animals      \_\_\_\_\_ Animal Behaviour Issues

\_\_\_\_\_ Transporting animals to/ from vet clinics

\_\_\_\_\_ Transporting/picking up animals out of Medicine Hat and if so up to what distance: \_\_\_\_\_ kms

- Advertising Marketing     Photography     Videography  
 Graphic Arts                       Artwork  
 Construction (cat shelters)  
 Collecting pre-established donations from businesses  
 Fundraising     School/Other Programs     Public Speaking     Media Interviews  
 Design table / booth display     Set up and take down of display  
 Manning the booths                       Planning and programming     Decorations  
 Delivery of Supplies                       Picking up donations for pantry  
 Ticket Sales                               Serving Food / Drink  
 Taking cash at an event and making change  
 Casino  
 Web Site Design     Web Site Maintenance     Data Entry     Other Clerical  
 Other: \_\_\_\_\_

**PRIVACY STATEMENT:** Persian Dreams and Canine Themes Rescue Society respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of PDCT, including programs, services, special events, funding needs, and opportunities to volunteer. As well, your information may be used to provide tax receipts, contact prize winners, and keep you informed of other events and fundraising opportunities in support of PDCT. Unless otherwise instructed, your name may be used in other expressions of gratitude for your assistance to our organization. If at any time you wish to be removed from any list, simply contact us by phone at 403-529-2287 or via email at [www.persiandreams@hotmail.com](mailto:www.persiandreams@hotmail.com).

Do you agree if you are called upon and booked to help with a event and unable to make the event, or need a change of hours, that you will contact Persian Dreams and Canine Themes at 403-529-2287 or email [persiandreams@hotmail.com](mailto:persiandreams@hotmail.com) within 24 to 48 hours. \_\_\_\_\_ **(initial)**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Parent/Guardian Signature (if volunteer under 18)

\_\_\_\_\_  
Persian Dreams Representative Signature