



Foster Care Application

Lillian Allbon Cumberland County Animal Shelter
798 Smith Road, RR#6 Amherst NS B4H 3Y4 902.661.7297

Name: _____ Date: _____
 Address: _____ City: _____
 Postal Code: _____ Home phone #: _____ Alternate: _____

1. Please describe your reasons for wanting to be a foster care volunteer with the LA Animal Shelter:

2. Are you 18 years of age or older? YES NO

3. Do you rent or own your home? RENT OWN

If you rent, we require your landlord's consent for you to keep animals in your home.

Landlord's name: _____ Phone #: _____

4. How many people are in your household:

Adults: _____ Children (please include ages): _____

5. Are you: FULL-TIME PART-TIME STUDENT RETIRED OTHER

6. Do you have access to a vehicle? YES NO

7. Which members of your household would be involved in caring for fostered animals?

8. Have you fostered animals for this shelter or any other shelter before? NO YES

If yes, please explain: _____

a. What experience do you have providing care to animals?

b. Are there any animals currently in your home? If so, please describe them:

Breed	Where was the pet kept?	Age	Sex	Spayed/Neutered

c. Which veterinarian do you use for your pets? _____

d. Do you have an area in your home in which fostered animals can be kept isolated from your household pets? If yes, please describe: _____

7. What category of animals are you interested in fostering? (Circle applicable)

Orphan puppies Senior Dogs Dogs with medical conditions Dogs with behavioural issues
Orphan kittens Senior Cats Cats with medical conditions

8. Do you have experience with the type of foster care you have indicated an interest in providing?

Please explain: _____

9. Where will the animal(s) be kept:

During the day? _____ At night? _____

When you are not home? _____

10. How many hours a day will the animal be left alone? _____

11. If you are interested in fostering dogs:

Do you have a fenced yard? * YES * NO

12. Are you willing/able to spend time:

* Training a dog * Exercising a dog * Eliminating behavioral problems (i.e. Barking, house soiling)

13. If you are interested in fostering cats:

Will the cat be kept: * INDOOR * OUTDOORS

14. Are you willing/able to spend time:

* Playing with a cat * Eliminating behavioral problems (i.e. scratching, jumping)

16. Are you willing/able to bring the animal to the vet or shelter as necessary?

* YES * NO

17. Are you willing/able to bring the animal to an emergency clinic at night (if necessary)?

* YES * NO

18. Please list the names and phone numbers of three references:

Relatives will not be accepted as references

Name: _____ Home #: _____ Alternate: _____

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How did you find out about the L.A. Animal Shelter foster program:

Please submit one piece of identification (i.e. driver's license):

ID type: _____ ID #: _____

Please read the following carefully:

The decision to become a foster parent is a great one. Choosing to bring an animal into your home on a temporary basis can be very rewarding, but can also be tough when it's time to bring the animal back to the shelter. We ask that you make this decision with all members of your family and that you be aware of the responsibility involved in being a foster parent. Once your application has been processed, you will be called and the responsibilities and duties will be explained thoroughly to you. This extensive process is to ensure the protection and well being of the animals in our care. We thank you in advance for your co-operation.

Foster Care Agreement Upon Approval:

I understand that it is my responsibility to ensure that animals for which I provide foster care are kept safe and secure and provided with the requirements for their daily care and well-being.

I fully understand that these animals are in my care on a temporary basis only, belong to the L.A. Animal Shelter and can be brought back to the LA Animal Shelter if for any reason the animal is not a good match for the foster family. I further understand that the purpose of this foster care arrangement is solely to provide care for this animal, and that any decisions regarding the animal's health, treatment or final disposition must be made or authorized by the Shelter Manager. I also agree that when the animal is ready to be made available for adoption, I will return it to the L.A. Animal Shelter.

I understand that the L.A. Animal Shelter cannot guarantee the health of the animal(s) that are fostered out, and release the L.A. Animal Shelter from any responsibilities or claims that may arise from my own animal's exposure to them.

I hereby give the L.A. Animal Shelter authority to obtain a copy of my pet's medical records from my veterinarian.

Foster Care Applicant/Provider

Shelter Initials

Date: _____

Date: _____

LILLIAN ALLBON CUMBERLAND COUNTY ANIMAL SHELTER



I give my permission to the following vet clinic to allow the LA Animal Shelter to have access to my veterinary records.

Name of clinic: _____

Date: _____

Signed by: _____

Name (please print): _____

Address: _____

Phone: _____

Name vet records are under: _____

Animal's name and species (cat/dog): _____