



FOSTER APPLICATION

Name: _____ Date: _____

Address: _____ City: _____ Postal: _____

Primary Phone: _____ Work Phone: _____ Alternate Phone: _____

May we contact you at your work number? Yes No

Email Address: _____ Occupation: _____

Age: 16-19 20-30 31-55 55+

Past fostering experience:

Volunteer experience (past and present):

Why would you like to volunteer as a foster home with the Niagara SPCA?

Do you have any pets in your home? Yes No

How do your pets interact with other animals?



Please list your pets by species and age indicating vaccination status:

How many people are in your household? _____ adults _____ children

Please indicate the ages of your children in the home: _____

Please let us know what your availability is for fostering:

Short term (8 weeks or less)

Long term (greater than 8 weeks)

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Date: _____

Signature: _____

A pre-screening of foster homes is required consisting of an interview and home inspection.

All animals fostered remain the property of the Niagara SPCA and Humane Society and must be returned to the shelter at the end of the fostering period. At no time shall the foster parent adopt out any foster animals, as this needs to be done by shelter staff. Please also refrain from posting animals to social media accounts.

Initials: _____