



Sault Ste. Marie & District SPCA

962 Second Line East
Sault Ste. Marie, ON P6B 4K4

Phone: 949-3573

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ssmhs@shaw.ca

FOSTER PROGRAM APPLICATION

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

OCCUPATION & EMPLOYER: _____

PHONE NUMBERS Day: _____ Evening: _____
 Cell: _____ E-mail: _____

1. Are you 18 years of age or older? Yes _____ No _____

2. Do you own or rent your home? Own _____ Rent _____

3. If you rent, do you have the landlord's permission? Yes _____ No _____

4. Do you have pets of your own? If so, please state what type, how many and their ages:

Species: _____ Breed: _____ Age: _____ Sex: _____

Species: _____ Breed: _____ Age: _____ Sex: _____

Species: _____ Breed: _____ Age: _____ Sex: _____

Species: _____ Breed: _____ Age: _____ Sex: _____

5. Are all of your pets spayed/neutered and up to date on their vaccinations?

Spayed/Neutered Yes _____ No _____

Vaccinated Yes _____ No _____

6. Are children frequently in the home? Yes _____ No _____

If yes, please list their ages: _____

7. Is there any history of allergies/asthma in any of your family members?

Yes _____ No _____

If yes, please explain: _____

8. Do any of your family members have any fear towards animals or particular breeds of animals? Yes _____ No _____

If yes, please explain: _____

9. Please give the name of the Veterinary Clinic you currently deal with. If you do not have pets, but have in the past, indicate what clinic you used: _____
10. How much time will you be able to spend with your foster animal per day? _____

11. It is recommended that any foster animal be isolated from existing animals for about 2 weeks. How will your foster animal be confined/isolated? _____
12. Please indicate below which foster care situations you are willing to take on:
- | | | |
|-------|-----------------------|------------------------|
| CATS: | Mom with litter _____ | Orphaned kittens _____ |
| | Injured _____ | Sick _____ |
| DOGS: | Mom with litter _____ | Orphaned puppies _____ |
| | Injured _____ | Sick _____ |
13. Please indicate below what injuries and/or illnesses you have had experience dealing with _____

14. Do you have any experience administering medication to animals (i.e. pills, eye/ear drops)? Yes _____ No _____
15. Are you willing to let a representative of the Sault Ste. Marie & District SPCA visit your home at your convenience? Yes _____ No _____

NOTE: The remaining section of the application form will be completed if you are contacted to foster an animal. Upon your visit to the shelter, you will be asked to provide proper identification and to sign the Foster Care Contract.

For shelter office use only

ID TYPE: _____ ID # _____

Staff Initials: _____ Approved by: _____

Date of home visit: _____