



## Foster Application Form

### General Information

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

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

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

D.O.B. \_\_\_\_\_

Emergency Contact Name and Phone:  
\_\_\_\_\_

Have you fostered before? If yes, for which organization(s)?  
\_\_\_\_\_

Do you have access to a vehicle?  Yes  No

If not, how do you intend to transport the animal to and from appointments, veterinary clinics, etc., especially in the case of an emergency?  
\_\_\_\_\_  
\_\_\_\_\_

Your Home Do you:  Own  Rent  Other (please explain)  
\_\_\_\_\_

If you rent, does your landlord support your participation in the foster program?  Yes  No

How many members over 18 are in your household? \_\_\_\_\_ How many under 18? \_\_\_\_\_

How long would the foster animals in your care be left alone on an average day? \_\_\_\_\_ hours

Does everybody in the home agree to fostering animals?  Yes  No

Will you allow a home visit (in person or virtual) to ensure that your home is appropriate for fostering?  
 Yes  No

Do you or any member of your household have any allergies to animals?  Yes  No  
If yes, please explain:  
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Do you or any members of your household have a fear of any animals?  Yes  No  
If yes, please explain:

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**Animal Experience**

Have you ever owned a pet before? If so, what kind(s):

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What behaviour are you not willing to accept from a pet?

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Do you currently have pets in your home?  Yes  No

Please list number, species, ages and sex of the pets:

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Are your pet's vaccinations up to date?  Yes  No

Last vaccine date \_\_\_\_\_

Do you have any area of your home where your foster pets can be isolated from your family pets?  
Please describe \_\_\_\_\_

Please describe any experience in animal care that may be useful to your work as a foster parent:

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What are you interested in Fostering? (select all that apply)

- Kittens  Cats  Sick kittens/cats  Pregnant cats  Under socialized kittens/cats
- Orphaned kittens  Bottle feeding kittens  Palliative cats  Behavioural cats
- Puppies  Dogs  Sick puppies/dogs  Pregnant dogs  Orphaned puppies
- Bottle feeding puppies  Rabbits  Hamster/Gerbils/Rats  Birds  Guinea pigs

Are you comfortable administering medication if needed?  Yes  No

What experience do you have with administering medication?

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In signing this application, I understand and agree to the following: I understand that my volunteer work involves contact with animals and that there is a risk that I may be scratched, bitten, or may come into contact with a diseased animal. I agree to release and hold harmless Marley's Pet Rescue and its volunteers from any and all liability for any damage or injury, whether arising from this contract or a breach thereof or from any act of negligence or gross negligence by Marley's Pet Rescue, or its Volunteers. I understand that it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures and policies or activities at Marley's Pet Rescue. I recognize that as a volunteer it is my responsibility to ensure that appropriate education or training has been supplied to me, and I am comfortable with my role, before I commence duties in any capacity. If I fail to abide by the terms of this agreement or am otherwise unable to meet the program requirement, I may be terminated from the volunteer program. I understand that I may at any time with or without cause be removed from my position as a volunteer at the sole discretion of Marley's Pet Rescue. I understand that it is my responsibility to ensure that I, and any member of my household, including personal pets, who will be in contact with shelter animals, are properly vaccinated at all times while I am performing volunteer work for Marley's Pet Rescue.

Applicants Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_