1. Applicant Information

Please complete all applicable questions. An asterisk (*) indicates a required item.

Thank you for your interest in fostering with Alberta Sphynx Rescue. ASR is a foster-based rescue, and the number of cats we can help depends directly on safe, committed foster homes. ASR supplies approved food, litter, routine supplies and authorized veterinary care. Foster caregivers provide the space, daily care, transportation, communication, patience and love.

PRIMARY APPLICANT

Full legal name *

Preferred name

Pronouns (optional)

Date of birth (must be 18+)

Occupation

Street address *

City / Town

Province

Postal code

Primary phone

Alternate phone

Email address *

COMMUNICATION & EMERGENCY CONTACT

Are you willing and able to communicate promptly through Facebook Messenger? ☐ Yes ☐ No

Are you willing and able to communicate by email and telephone? ☐ Yes ☐ No

Emergency contact name

Relationship

Emergency contact phone

Alternate phone

How did you hear about Alberta Sphynx Rescue?

Why are you interested in fostering with ASR? *

2. Household & Housing

ASR may request a virtual or in-person meet and greet/home tour before approving a foster home.

HOUSEHOLD

List every adult in the home, their relationship to you and whether they support fostering *

List all children in the home and their ages

Does anyone regularly visit, stay in or provide care in the home? Please explain.

Does every adult in the household agree to fostering? ☐ Yes ☐ No

Does anyone in the household have cat allergies or sensitivities? ☐ Yes ☐ No

Is anyone pregnant, immunocompromised or medically vulnerable? ☐ Yes ☐ No

Does anyone smoke or vape inside the home? ☐ Yes ☐ No

HOUSING

Type of home: ◯ Detached ◯ Townhouse ◯ Apartment/Condo ◯ Other

Occupancy: ☐ Own ☐ Rent ☐ Other

How long at this address?

Anticipated move date, if any

If renting, do you have your landlord's permission to foster cats? ○ Yes ○ No

Landlord/property manager name

Phone/email

Can ASR contact your landlord/property manager to verify permission? ☐ Yes ☐ No

Are there condominium, strata, lease or property rules limiting pets? ☐ Yes ☐ No

3. Insurance, Home Safety & Foster Space

INSURANCE

Do you currently carry homeowner's or tenant insurance? ☐ Yes ☐ No

Insurance provider (optional)

Policy number (optional)

Have you confirmed your insurance permits cats and volunteer fostering? ☐ Yes ☐ No

ASR does not require applicants to disclose private policy details but strongly recommends appropriate property and liability coverage. The foster caregiver is responsible for confirming that their lease, bylaws and insurance permit fostering.

DEDICATED FOSTER SPACE

Do you have a separate room with a secure, fully closing door for a foster cat to isolate? ☐ Yes ☐ No

Describe the proposed foster room, including approximate size, flooring, windows, furniture and hiding places *

Can the room remain off-limits to resident pets and young children when required? ☐ Yes ☐ No

Can you maintain a warm indoor temperature? ☐ Yes ☐ No

Are all exterior windows securely screened and in good repair? ☐ Yes ☐ No

Can exterior doors, balcony doors and windows be managed to prevent escape? Is ☐ Yes ☐ No

there a balcony, deck, cat door, fireplace or other potential hazard? ☐ Yes ☐ No

Are toxic plants, medications, cleaners, etc. kept inaccessible? ☐ Yes ☐ No

Do you use essential oil diffusers, plug-ins or other scented products around pets? ☐ Yes ☐ No

Are there security cameras inside the proposed foster space? ☐ Yes ☐ No

Please describe any additional home safety considerations ASR should know about.

4. Resident Animals

Please provide complete information for every animal currently living in the home.

CURRENT PETS

Use one row per resident animal. Add an extra page if needed.

Name	Species/Breed	Age	Sex	Altered?	Vaccines?	Indoor/Outdoor	Temperament

Veterinary clinic used for resident pets

Clinic phone

Name on veterinary account

May ASR contact this clinic to verify care history? ☐ Yes ☐ No

Are all resident cats appropriately vaccinated & dewormed? ☐ Yes ☐ No

Are all resident animals spayed/neutered? ☐ Yes ☐ No

Describe your plan for slow introductions and how you will keep animals separated when required *

5. Animal Care History & References

PREVIOUS PETS

Have you ever surrendered, rehomed, given away or returned an animal?	☐ Yes	☐ No
Have you ever had an animal become lost, escape or be injured while in your care?	☐ Yes	☐ No
Have you previously fostered for another rescue or shelter?	☐ Yes	☐ No

PERSONAL REFERENCES

Please provide two references who are not members of your household. At least one should have observed you with animals.

Reference 1 name

Relationship

Reference 1 phone

Reference 1 email

Reference 2 name

Relationship

Reference 2 phone

Reference 2 email

Do you authorize ASR to contact your references and veterinarian? ☐ Yes ☐ No

6. Schedule, Transportation & Availability

DAILY ROUTINE

Typical work schedule

Work location / remote / hybrid

Average hours the home is empty daily

Longest regular absence

Will the foster cat ever be left alone for more than 10 hours? ☐ Yes ☐ No

Do you have reliable transportation and a secure cat carrier? ☐ Yes ☐ No

Can you transport foster cats to approved veterinary appointments as required? ☐ Yes ☐ No

Can you reasonably travel to appointments? ☐ Yes ☐ No

List any travel, vacation, work or family commitments anticipated in the next six months

FOSTER COMMITMENT

Preferred commitment: ☐ Emergency/overnight ☐ Short term ☐ Until adopted ☐ Long term

Are there any dates, time limits or circumstances that could require a foster cat to be moved?

Are you willing to give ASR reasonable notice if you can no longer foster? ☐ Yes ☐ No

Can you make the foster cat reasonably available for approved meet and greets? ☐ Yes ☐ No

7. Foster Preferences & Experience

CATS YOU ARE OPEN TO FOSTERING

- ☐ Kittens
- ☐ Seniors
- ☐ Pregnant cats
- ☐ Bottle babies
- ☐ Medical needs
- ☐ Behavioural or undersocialized cats
- ☐ Cats requiring strict isolation
- ☐ Cats with ringworm or other contagious conditions
- ☐ Adults
- ☐ Bonded pairs
- ☐ Nursing mothers and kittens
- ☐ Post-surgical recovery
- ☐ Daily medication
- ☐ Hospice / palliative
- ☐ Cats with upper respiratory symptoms
- ☐ Cats not friendly with other pets

SKILLS & COMFORT LEVEL

Sphynx or other hairless breed experience	☐ Experienced	☐ Comfortable	☐ Need training	☐ No
Bathing and skin care	☐ Experienced	☐ Comfortable	☐ Need training	☐ No
Ear cleaning and nail care	☐ Experienced	☐ Comfortable	☐ Need training	☐ No
Giving oral medication	☐ Experienced	☐ Comfortable	☐ Need training	☐ No
Giving eye or ear medication	☐ Experienced	☐ Comfortable	☐ Need training	☐ No
Giving injections or subcutaneous fluids	☐ Experienced	☐ Comfortable	☐ Need training	☐ No
Monitoring weight, appetite and litter habits	☐ Experienced	☐ Comfortable	☐ Need training	☐ No
Caring for cats with inappropriate urination	☐ Experienced	☐ Comfortable	☐ Need training	☐ No
Caring for timid or fearful cats	☐ Experienced	☐ Comfortable	☐ Need training	☐ No
Caring for cats that may scratch or bite	☐ Experienced	☐ Comfortable	☐ Need training	☐ No

Describe any relevant medical, rescue, training or animal-care experience

9. Foster Readiness Checklist

Please check each statement to confirm your understanding. Training and support can be provided, but honest answers are essential.

- ☐ I understand that foster cats may need days, weeks or months to decompress and show their true personality.
- ☐ I can keep a foster cat fully indoors and securely contained at all times.
- ☐ I can provide a separate room when required for decompression, quarantine or safety.
- ☐ I understand that Sphynx and related breeds may require bathing, ear cleaning, nail care, warm bedding and specialized diets.
- ☐ I will monitor appetite, water intake, urine, stool, behaviour, medications and other changes every day.
- ☐ I will promptly report illness, injury, escape, bites, significant behavioural concerns or other incidents to ASR.
- ☐ I will follow ASR instructions regarding veterinary care, medication, feeding, introductions, quarantine and transportation.
- ☐ I will not arrange veterinary treatment or incur non-emergency expenses over $100 without ASR approval.
- ☐ I understand that approved veterinary care must be provided through ASR-authorized clinics, except where immediate emergency care is necessary.
- ☐ I will not give away, sell, adopt out, loan, transfer, breed, declaw or permanently relocate a foster cat.
- ☐ I will not permit a foster cat outdoors, including on a balcony, deck, harness or in a yard, unless ASR has specifically approved it.
- ☐ I understand that ASR remains the legal owner of the foster cat regardless of the length of placement.
- ☐ I will return the foster cat and all ASR property immediately when requested.
- ☐ I understand that being a foster caregiver does not guarantee approval to adopt, although an approved foster may receive the first opportunity to apply.
- ☐ I will protect confidential information about surrendering owners, adopters, volunteers and veterinary matters.
- ☐ I will communicate respectfully and represent Alberta Sphynx Rescue professionally.
- ☐ I understand that cats may scratch, bite, soil, spray, damage belongings, transmit illness or injure people or animals.
- ☐ I accept responsibility for confirming that my housing rules and insurance permit fostering.
- ☐ I understand that Alberta Sphynx Rescue is not responsible for property damage, personal injury, injury to resident animals, financial loss or other harm arising from fostering, except as required by law.

10. Applicant Declarations & Consent

APPLICANT DECLARATIONS

- ☐ I certify that the information in this application is complete and accurate to the best of my knowledge.
- ☐ I authorize Alberta Sphynx Rescue to contact my references, veterinarian, landlord/property manager and previous rescue organizations for the purpose of evaluating this application.
- ☐ I consent to a virtual or in-person home tour and understand that approval may be conditional on correcting identified safety concerns.
- ☐ I understand that submitting this application does not guarantee acceptance or placement of a foster cat.
- ☐ I understand that ASR may approve, decline, pause or revoke a foster placement when ASR believes it is in the best interests of the cat or rescue.
- ☐ I understand that a separate Foster Care Agreement and Liability Waiver may be required before a cat is placed in my care.

ADDITIONAL INFORMATION

Is there anything else you would like ASR to know about your household, experience, preferences or support needs?

SIGNATURE

Applicant signature

Date

Co-applicant / household adult signature (optional)

Date

Please return to Alberta Sphynx Rescue using the email address provided by ASR.