



415 1st Avenue East  
 P.O. Box 86  
 Brooks, Ab. T1R 1B2  
 Phone: 403 362-4323  
 Fax: 403 362-8316  
 Email: [info@bapsociety.com](mailto:info@bapsociety.com)  
 Website: [www.bapsociety.com](http://www.bapsociety.com)

## **FOSTER HOME VOLUNTEER APPLICATION**

Animal fostering: \_\_\_\_\_  Cat     Dog    Date: \_\_\_\_\_

In order to be considered for fostering you must:

1. Be 18 years or older
2. Have a valid ID with current address

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Physical and/or Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ E-mail: \_\_\_\_\_

How long at current address: \_\_\_\_\_  House     Apartment     Townhouse     With parents     Other

Do you:     Own     Rent/Board

Are you:     Student     Working     Retired     Other \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Household members: \_\_\_\_\_ Adults    \_\_\_\_\_ Children    Ages of Children: \_\_\_\_\_

Are all household members aware and consent to fostering this animal?     Yes     No

What are you able to provide for a foster animal?     Leash     Collar     Food bowl     Water bowl     Bed/Crate

Toys     Treats     Food     Grooming     Basic training

How long are you willing to provide foster care?     Until a home is found     very temporarily

One month     one year     Other \_\_\_\_\_

Please list any past experiences you have with animals or volunteering that you think would be beneficial for us to know:

\_\_\_\_\_

\_\_\_\_\_

How many hours per day will the animal be home alone? \_\_\_\_\_

Where will the animal be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Where will the animal be kept while alone? \_\_\_\_\_

Please list the animals currently in your home and tell us a little about their personalities:

1. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female Altered/Unaltered  
Personality: \_\_\_\_\_
2. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female Altered/Unaltered  
Personality: \_\_\_\_\_
3. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female Altered/Unaltered  
Personality: \_\_\_\_\_
4. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female Altered/Unaltered  
Personality: \_\_\_\_\_

Are all of your animals spay or neutered? Yes No If not please explain the reason: \_\_\_\_\_

Are all of your animals vaccinated? Yes No If not please explain the reason: \_\_\_\_\_

Please describe anything that you feel is important about your current pets, other people in the household, and your lifestyle so that we can make sure the fostered animal is right for you .

#### **FOR DOG FOSTERS ONLY**

Do you have a fully fenced yard? Yes No How tall is your fence? \_\_\_\_\_ What is your fence made of? \_\_\_\_\_

Are there times when the dog will be tied up? Yes No

Do you have a dog house? Yes No

Where will the dog be when in a vehicle with you? \_\_\_\_\_

How much time a day will you spend exercising the dog? \_\_\_\_\_ Type of exercise? \_\_\_\_\_

#### **FOR CAT FOSTERS ONLY**

How will you keep your cat active? \_\_\_\_\_

Do you plan to let the cat go outside? Yes No

Do you have screens on all your windows? Yes No

**Please read the following and sign below:**

- I agree that all the information I provided is true and complete.
- I agree to keep the animal in my personal possession and to provide sufficient food, water, shelter, grooming and humane treatment at all times.
- I will inform BAPS of any health problems or behavioural issues that occur with the animal.
- I understand that the animal is not to run at large, even in designated off leash areas and the animal will always be under direct supervision.
- I understand that BAPS will pay for medical expenses. I understand that I must supply food for the rescue animal.
- I understand that BAPS is the owner of the foster animal until time of adoption. BAPS reserves the right to remove the animal at any time.
- I understand that if I wish to adopt the BAPS foster animal, I will contact the adoption coordinator as soon as possible and let them know of my decision. I understand that I must make that decision prior to entering into deliberations about adoption of the foster animal. ( I cannot adopt the animal once the potential adopters are involved in the adoption process beyond receiving the application. Ie: meeting the animal, phone calls, emails etc) I understand that an adoption fee will be applied and that I must sign an adoption agreement with BAPS and follow all adoption procedures that apply to others.
- I will not hold BAPS responsible for any destructive or aggressive behaviour exhibited by the foster animal, or for any other problems that may arise pursuant to its foster care.

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