Volunteer Foster Family Application

Name _____

Street address _____

City/town _____ Postal code _____

Phone number _____ Email _____

Thank you for your interest in becoming a pet foster parent. The following questionnaire will help us determine what pets will be suitable for your home and lifestyle.

Home details

Why are you interested in fostering for the Georgina Animal Shelter and Adoption Centre?

Are your pets spayed or neutered?

☐ Yes ☐ No

Are your pets up to date on vaccinations?

☐ Yes ☐ No

Do your pets have any medical or behavioural concerns that we should be aware of?

Do we have your permission to contact your veterinarian for a reference?

☐ Yes ☐ No Vet name and contact number _____

Foster pets require a quiet, low stress environment. Is this something that you will be able to provide in your home?

☐ Yes ☐ No

If yes, please describe the area in your home

Will you be able to provide an isolated housing area that is separate from other pets?

What type of pets are you interested in fostering? Check all that apply.

Cats

☐ Pregnant queens
☐ Orphaned kittens requiring bottle feeding
☐ Older kittens awaiting spay/neuter surgery
☐ Cats recovering from surgery
☐ Nursing queens and kittens
☐ Socializing kittens or adult cats
☐ Special needs cats/kittens
☐ Senior cats

Dogs

☐ Pregnant dogs
☐ Orphaned puppies requiring bottle feeding
☐ Older puppies awaiting spay/neuter surgery
☐ Dogs recovering from surgery
☐ Nursing dogs and puppies
☐ Socializing puppies or adult cats
☐ Special needs dogs/puppies
☐ Senior dogs

Do you have children living in the home? If yes, what ages?

If children live in the home, describe their pet experience:

Describe your foster pet parent experience:

Are you willing to bring your foster pet(s) to veterinary or other appointments as scheduled by the shelter? (typically, Monday - Friday during business hours)

What organizations, if any, have you fostered for?

The Georgina Animal Shelter provides all fostering pet parent supplies, including medication if required.

If you have a medical concern with your foster pet during regular shelter operating hours, contact the shelter at 1-800-898-8606 (press 4 to be connected with a shelter team member). You can also email the shelter animal-control@georgina.ca.

In the event of an after-hours emergency (after 5:30 p.m. Monday to Friday and 5 p.m. on Saturday/Sunday), call the 404 Veterinary Emergency and Referral Hospital at 905-953-1933. The hospital is located in Newmarket at 510 Harry Walker Pkwy S. The emergency hospital will triage the situation and direct you on how to proceed.

Unauthorized veterinary appointments will be the responsibility of the foster parent.

☐ I confirm that I am at least 18 years of age.

☐ I have read and understood the above information.

Signature of foster parent: _____

Witness: _____

Date: _____