



1 Binnington Ct
Kingston, ON K7M 8M9
Tel. (613) 546-1291
Fax (613) 546-3398

Foster Care Application

Date: _____

Name: _____

Address: _____

Phone number: _____

Email address: _____

Living Accommodations (circle):

Rent Own Other: _____

Does your landlord allow pets? Y N

Do you have a fenced yard? Y N

Are your windows screened? Y N

Describe where the foster animals would stay:

Do you have any children? Y N

If yes, what are their ages? _____

Does anyone in your house have animal allergies? Y N

If yes, how would you cope? _____

Do you have any other pets? Y N

If yes, how many? _____

Breed(s): _____

Sex (es): _____

Age(s): _____

Are your pets spayed/neutered? Y N

If no, please explain: _____

Any chronic illnesses? Y N

If yes, please explain: _____

Can you keep them separated? Y N

Have you had any training that may be pertinent for fostering? _____

During the day are you at: Work School Home
If you work or go to school, is it: FT PT

What is your availability? _____

What arrangements would you make when you are not home? _____

What kind of pets would you like to foster?

- Dogs (circle): Mother and puppies
- Orphaned puppies
- Sick/Injured adult dog
- Sick/Injured puppy
- Behavioural/training issues
- Any

- Cats (circle): Mother and kittens
- Orphaned kittens
- Sick/Injured adult cat
- Sick/Injured kitten
- Any

- Rodents
- Birds
- Reptiles

When are you able to start? _____

Fostering Agreement
For
Kingston Humane Society
Animals

Due to space limitations, and lack of isolated areas, animals that are exposed to the viruses commonly known in shelters and kennels, have a lesser chance of survival. Because of the risk of exposing these viruses to other healthy animals, we find that placing these animals in foster homes helps the animal recuperate easier and quicker. Orphaned puppies/kittens and the offspring of pregnant or nursing animals have a greater survival rate in a foster home environment where they can be properly socialized.

During the fostering period food, litter, all medications, and supplies will be provided by the shelter as needed. When you receive any items from the shelter please ensure that staff writes down in your file what you take, so there are no shortages later on. Veterinary services will be available at the shelter during regular office hours. If your foster animal needs emergency veterinary care after hours, please call our on-call staff before seeing an outside veterinarian. **You can reach the on-call staff by calling 613-540-7796 and entering your phone number.**

If after these animals have finished their initial treatment you find that the animal is still in need of medical attention, please call the shelter during operational hours. As treatments and all medications will be provided at no cost by the shelter, please use this service as the Kingston Humane Society will not refund monies for any outside purchases.

The fostering period which the animal needs will be determined by Kingston Humane Society's R.V.T.'s, Veterinarian and the Foster Coordinator. The animal will stay in care until recalled by the Foster Coordinator.

If you have any Questions Please contact Lindsay your Foster Coordinator at 613-546-1291, lindsay@kingstonhumanesociety.ca or stop by the shelter Monday, Wednesday, Thursday or Friday 11:00am to 6:00pm (Closed Tuesdays).

Fostering Agreement

I _____ agree to foster the animal(s) in my care for the duration of the full healing process. I will return the animal to the shelter when all the medications and treatments are finished or when requested by the Foster Coordinator at any time during the foster period. I also agree to follow the above fostering agreement.

Signature

Date



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Waiver of Liability for Foster Parent Volunteers

The undersigned acknowledges that he or she will be performing certain volunteer services for the **Kingston Humane Society**. The undersigned further acknowledges that certain risks may be associated with such volunteer services.

In consideration of being permitted to perform such volunteer services for the **Kingston Humane Society**, the undersigned voluntarily and knowingly executes this waiver with the express intention of waiving any and all rights or causes of action involving, without limitation, bodily injury, infection or property damage to the undersigned while the undersigned is engaged directly or indirectly, in such volunteer services, whether caused by the negligence of the **Kingston Humane Society** or its officers, directors, agents or employees.

Further the undersigned shall indemnify, defend and hold harmless the **Kingston Humane Society** and its agents, officers and employees, jointly or individually, for bodily injury or property damage as a result of the undersigned's services contemplated herein.

Signature of Volunteer

Signature of Volunteer's Parent/Guardian
(If under 18 years of age)

Date

Date

Protection of Confidentiality

I _____ have been made aware of the confidential nature of information concerning animals, donors, personal and other types of Kingston Humane Society information.

I have been made aware that confidential information may come to my knowledge through casual conversation or perusal of printed material.

I agree to exercise all reasonable care and caution in protecting confidential information.

I also understand that any and all confidential information which may come to my knowledge shall not be released, spoken by me to any other person(s) without signed authorization from the Kingston Humane Society manager.

I understand that violation of these or any other rules and/or conditions to volunteering could be met with dismissal.

Signature of Volunteer

Date

Thank-you for your care and kindness

References

Veterinary Ref: Name/Clinic _____
Address: _____
Number: _____

Employer Ref: Name/Clinic _____
Address: _____
Number: _____