



# Lanark Animal Welfare Society

## FOSTER PROGRAM APPLICATION

LAST NAME	FIRST NAME(s)
ADDRESS	
CITY	POSTAL CODE
PHONE (H)	PHONE (C)
PHONE (W)	EMAIL

### INFORMATION ABOUT YOURSELF and HOUSEHOLD

- Are you 18 years or over? Yes \_\_\_\_\_ No \_\_\_\_\_
- Type of residence: House \_\_\_\_\_ Apartment \_\_\_\_\_ Farm \_\_\_\_\_ Trailer \_\_\_\_\_
- Do you have: Stairs \_\_\_\_\_ Balcony \_\_\_\_\_ Elevator \_\_\_\_\_ Fenced Yard \_\_\_\_\_
- Are you willing to let a L.A.W.S. representative visit your home at your convenience?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have any pets of your own? If yes, please list:  
 Breed \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_ fixed \_\_\_\_\_  
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 Breed \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_ fixed \_\_\_\_\_
- Are all these animal's vaccinations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_
- I want to foster (check applicable):

<input type="checkbox"/>	Cats	<input type="checkbox"/>	Dogs
<input type="checkbox"/>	Pregnant/Kittens	<input type="checkbox"/>	Puppies
<input type="checkbox"/>	Orphans	<input type="checkbox"/>	Small Animals

- Are there children in the home? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages: \_\_\_\_\_
- Is there any history of allergies/asthma in your household? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been investigated and/or had animals removed from your possession, by the Ontario Society for the Prevention of Cruelty to Animals? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please give the name of your current Veterinary Clinic. If you do not have pets but have in the past indicate which clinic you used.

\_\_\_\_\_

12. How many hours will you be able to spend with your foster animal per day? \_\_\_\_\_

13. It is recommended that foster animals be isolated from existing animals for about 2 weeks. How will your foster animal be confined/isolated? \_\_\_\_\_

\_\_\_\_\_

14. Please specify your facility (indoor/outdoor) to foster animals:

\_\_\_\_\_

15. Explain your limitations (i.e. single animal, mother and litter etc) and why there are limitations (i.e. size of home etc) \_\_\_\_\_

\_\_\_\_\_

16. Are you able to foster animals with kennel cough \_\_\_\_\_ U.R.I. \_\_\_\_\_ (upper respiratory infection)

17. Please comment on these or any other diseases you may be familiar with: \_\_\_\_\_

\_\_\_\_\_

18. Do you have any experience administering medication to animals? (i.e. pilling, eye/ear drops etc) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

19. Are you willing to foster an intact male cat with UTI/FUS?  
(urinary tract infection or feline urologic syndrome) Yes \_\_\_\_\_ No \_\_\_\_\_

20. Do you have access to a vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

21. How did you learn about our foster program? (please check one)

<input type="checkbox"/>	Website	<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Visiting Shelter	<input type="checkbox"/>	Word of Mouth
<input type="checkbox"/>	Other:		

**Please sign the attached Waiver of Liability and provide one piece of picture identification (i.e. Drivers License) to shelter staff member when submitting application.**

## WAIVER of LIABILITY

I acknowledge that all services are provided strictly on a volunteer basis, without any remuneration and without liability of any nature on behalf of the Lanark Animal Welfare Society. I acknowledge that all services are provided at my own risk.

I recognize that in handling animals and performing duties as a foster, there exists a risk of injury including physical harm caused by animals. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and do not hold accountable, the Lanark Animal Welfare Society from any and all claims, causes of action, or demands of any nature or kind, including costs and fees, based on losses, damages or injuries which may be incurred or sustained by me as a foster and all the consequences thereof. This includes but is not limited to animal bites, accidents or other injuries.

I acknowledge that to volunteer at the Lanark Animal Welfare Society I must have a Tetanus vaccination within the last 10 years and keep my pets vaccinations up to date.

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Foster applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Foster applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Type of picture identification presented to shelter: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

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**NOTES:**