



PLEASE PRINT

Community Services

FOSTER FORM
PET SAFEKEEPING PROGRAM

FOSTER PROGRAM OVERVIEW

SECTION 1

Humane Services is committed to working with the RNC and women's shelters to provide temporary accommodations for animals whose owners are fleeing from intimate partner violence.

The City of St. John's is not liable for any injury, illness or damage to persons or property, including animals belonging to the foster family while an animal is in foster care.

- All animals to be fostered are matched with foster families according to information provided.
Information regarding the foster parent will be kept confidential other than from Humane Services Division.
All animals going into foster care will be examined, vaccinated, dewormed, flea treated, feleuk tested and licensed prior to being placed.
Humane Services will provide food/litter/supplies, if requested.
The City makes all decisions with respect to animals placed in foster care.
Foster parents are required to give weekly updates to Humane Services.

FOSTER APPLICANT INFORMATION

SECTION 2

Name
Address
City/Town Postal
Telephone (home) (work) (cell)
E-mail

FAMILY HOUSEHOLD INFORMATION

SECTION 3

Number of adults in the household
Number of children in the household
Have the children had pets before?
Do you have a quiet or active household?
Have all adults agreed to the Foster?
Number of children ages: Under 5
Age 5-10
Is anyone in the household allergic to pets?
Do you have a pet proof fenced garden?

YOUR PERSONAL PET INFORMATION

SECTION 4

If you currently have pets, please complete the following:

Name Breed Age Gender Spayed/Neutered Date of vaccination Is your pet friendly with other
M F Y N Dogs Cats Neither

Do any of your pets have health issues?
If so, what are they?

COMMUNITY SERVICES

FOSTER ANIMAL INFORMATION

SECTION 5

Please indicate which type of animals you are interested in fostering? Dog Cat Bird Pocket Pet Snake

Do you have experience administering medication to animals? Yes No

Please indicate the amount of time per day that you and others have to dedicate to your foster animal(s)? _____

How many hours will the animal(s) be alone on a regular basis? _____

If an animal has a potential unknown illness or condition, are you comfortable fostering? Yes No

Would you agree to a home visit by Humane Services staff? Yes No

DECLARATION (to be completed by applicant)

SECTION 6

By signing below, I certify that the information I have given is true. I acknowledge that the City of St. John's is not liable for any injury, illness or damage to persons or property, including animals belonging to the foster family while an animal is in foster care. I further acknowledge that I am at least 18 years of age. I understand that my information will be kept confidential and the owner or representative of the owner will not be given the location or information provided on my application. My only contact will be directly with the Humane Services Division. I agree to return the foster animal immediately at the request of the Humane Services Division. If the foster animal does not work out, I may return the animal at any time. Once the animal is no longer in my care I am not privy to any further information or updates on the animal.

Applicant _____

Date (yyyy/mm/dd) _____

OFFICE USE ONLY

SECTION 7

Date (yyyy/mm/dd) _____

Interviewed by _____

Approved by _____

Declined by _____

Comments _____

Supervisor's Signature _____

Date (yyyy/mm/dd) _____

The completed form and supporting documentation can be delivered to **Humane Service, 81 Higgins Line** during normal working hours or mailed to the address noted below.

Humane Services

P.O. Box 908, 81 Higgins Line St. John's NL A1C 5M2

For additional information please visit Access St. John's

Call: 311 Where 311 is unavailable, call 709-754-CITY (2489)

E-mail: humaneservices@stjohns.ca