



**FLIN FLON/CREIGHTON & AREA SPCA FOSTER/WEEKEND
BUDDIES APPLICATION!**

Part 1:

Name: _____

Address: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Occupation: _____

Are you 18 years of age or older? Yes No

Part 2:

Name of Reference (Not family): _____

Phone Numbers: _____

**Multiple phone numbers are recommended to contact the reference as soon as possible

Part 3:

Do you rent you home? Yes No

If yes, are you allowed pets? Yes No

If yes, please list landlords name and phone number:

Part 4:

What is your reason or reasons for wanting to foster:

List all the people living in your household, including ages:

Do any of the members in your household have allergies or fears toward animals? Yes no

If yes, please explain

Who will be the primary caregiver/trainer of the foster animal(s)?

Part 5:

Please list your current animal(s), including sex, age and tattoo/microchip number(if possible)

Are the above animal(s) sterilized and up-to-date on their vaccines: yes no
Which Veterinary Clinic were your animal(s) sterilized at? (name and phone number)

Which Veterinary Clinic do you currently use? (name and phone number)

Part 6:

Please describe the area in your home where the foster animal will be kept:

Please list your experience/knowledge in caring for animals:

Part 7:

Are you familiar with Feline Upper Respiratory Infection? Yes no

If so, please list known symptoms:

Are you familiar with Canine Kennel Cough? Yes no

If so, please list known symptoms:

If an animal(s) has not eaten or consumed water in 8 hours, what would you do?

In your opinion, what types of things would concern you that would require immediate medical attention?

If your foster animal needed medical attention and our Veterinarian concluded that the animal would need to be euthanized, would you support their decision? Yes no

Part 8:

Do you have access to a car at all times? Yes no

If no, are you willing to transport the animal to and from the shelter at your own costs?

Yes no

Are you able to transport animals to an emergency veterinarian or to the Flin Flon/Creighton & Area SPCA if necessary? Yes no

Are you currently fostering for another organization? Yes no

If yes, please list which rescue(s):

Please explain the amount of time you are able to foster the animal(s) (days, weeks or months):

Please tell us how much notice you would require to foster:

Would you be interested in being on our emergency contact list? Yes no

Which of the following would you be interested in fostering:

- Mother and Nursing feline/canine
- Orphaned baby feline/canine

- Felines/Canines with minor injuries
- Felines/Canines who need a break from the shelter

Part 8:

For dogs only,

Have you had any behavior training? Example: clicker training, kennel training, properly socializing dogs. Yes no

If yes, please list the one(s) you have experience in, and list your knowledge of how to work with dogs that require the above:

Would you be interested in fostering dogs that could require:

- Kennel training
- Socialization
- Clicker training
- Learning to walk on a leash

Part 9:

How did you hear about the Flin Flon/Creighton & Area SPCA Foster/Weekend Buddies Program?

Thank you for taking the time to fill out the foster/weekend buddies application. The Flin Flon/Creighton & Area SPCA staff will be in contact with you as soon as possible. Please make sure all members in the household are in agreement to becoming a foster parent/family prior to committing.

I acknowledge that the above information is correct to the best of my knowledge and that I am 18 years of age or older.

Signature

Date

*If you have any questions, feel free to call the Flin Flon/Creighton & Area SPCA at 204-687-8744