

Angel's Haven Boarding & Rescue

Box 418 Oak Bluff, MB R0G 1N0
204 793-5939 www.angelshaven.ca



GUIDELINES AND RULES FOR FOSTERING ANGEL'S HAVEN ANIMALS

- Must be at least 19 years of age.
- Your own animals must be up to date with their vaccinations.
- Consent from your Landlord (where applicable).
- Support of all other household members involved in fostering.
- Room to isolate the foster animal(s) from other household pets.
- Ability to transport animal(s) to a veterinarian, if necessary, or to Angel's Haven.
- Must be able to provide three (3) local references, one being your current veterinarian.

PLEASE PRINT: DATE:

Name (First, Middle, Last)		Day Phone #		
Spouse or Partner's Name		Evening Phone #	Email Address	
Address	City	Prov.	Postal Code	
Do You <input type="checkbox"/> Rent <input type="checkbox"/> Own	If Rent, Landlord's Name	Landlord's Phone #		
How long at current address?		If less than one (1) year, give previous address		
Are you: . <input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Other				
(Specify) _____				
What animals have you owned in the past five (5) years?				
Name	Breed/Type	Spay/ Neutered?	Where is the animal now?	If deceased, age and cause of death.
Who was/is your vet?		Where is your vet located?		
Please indicate what type(s) of foster care you would be interested in providing?				
<input type="checkbox"/> Kittens needing bottle feeding		<input type="checkbox"/> Puppies needing bottle feeding		
<input type="checkbox"/> Older kittens		<input type="checkbox"/> Sick/recuperating puppies		
<input type="checkbox"/> Litter of kittens with mother cat		<input type="checkbox"/> Older puppies		
<input type="checkbox"/> Pregnant cat		<input type="checkbox"/> Puppies with mother dog		
<input type="checkbox"/> Sick/injured/recuperating cats		<input type="checkbox"/> Pregnant dogs		
<input type="checkbox"/> Cats needing house training		<input type="checkbox"/> Sick/injured/abused dogs		
<input type="checkbox"/> Cats with behaviour/training needs		<input type="checkbox"/> Dogs needing housetraining		
<input type="checkbox"/> Rabbits or other small animals		<input type="checkbox"/> Dogs with behavioural/training needs		
<input type="checkbox"/> Short-term care to provide vacation or respite needs for other foster volunteer		<input type="checkbox"/> Senior dogs		
		<input type="checkbox"/> Only small dogs		
		<input type="checkbox"/> Foster any size dogs		

ABOUT YOUR HOUSEHOLD

Number of adults _____

Number of children and their ages _____

Do you have other children who regularly visit?

No Yes (if yes, what ages _____)

How many pets do you have?

Indoor cats _____

Outdoor cats _____

Indoor dogs _____

Outdoor dogs _____

Other pets / livestock _____

How are your other animals with cats _____, with dogs
_____ with puppies _____?

How many hours per day will the foster animal be left alone?

What is the noise/activity level like in your home?

Quiet Moderate Busy Very busy Hectic

Is anyone in your household allergic to:

Cats? Yes No

Dogs? Yes No

Where would you keep a foster dog or cat when you are at home? _____

When you are not at home? _____

Where would the foster animal sleep at night?

Have you ever house-trained:

A cat? Yes No

A puppy? Yes No

An adult dog? Yes No

Have you ever crate trained a dog? Yes No

Have you ever obedience trained a dog? Yes No

Would you be willing to take a foster dog to obedience classes, if necessary (paid for by Angel's Haven)? Yes No

Have you ever been involved in the birth of an animal?

Yes No

Have you ever had an experience in caring for a sick, injured, or abused animal? Yes No

Do you have a fenced yard? Yes No. If no, how will the foster dog go outside? _____

Are you willing to have a representative from Angel's Haven visit you for a home check? Yes No

Please list any additional skills or training that may be helpful in fostering animals in your home:

PLEASE GIVE THREE (3) REFERENCES WE CAN CONTACT:

Name: _____

Address: _____

Phone: _____

Relation to you: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Relation to you: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Relation to you: _____

Email: _____

Certification

I certify that the information I have given on this form is true and I authorize Angel's Haven to contact my references. I understand that foster animals are owned by Angel's Haven and all adoptions, without exception, will be conducted through Angel's Haven, and I agree not to relinquish foster animals in my care to anyone other than Angel's Haven or its representative. I also agree that all veterinary visits for foster animals under my care must be pre-approved by Angel's Haven or the Foster Care Coordinator, and all such visits will be the financial responsibility of Angel's Haven.

Print Name (Applicant)

Signature (Applicant)

Signature (Witness)

Date

CONSENT TO RELEASE PERSONAL INFORMATION

I, _____, am applying to foster an animal from Angel's Haven, and hereby authorize my veterinarian and any of the clinic or office staff of that clinic, to release confidential information concerning me, my animals, their health and history to the representatives of Angel's Haven. I understand that this information will be used to verify my suitability as a prospective foster person for an animal(s) from Angel's Haven. My veterinarian requires this written consent to release any personal and confidential information that Angel's Haven and its Representatives may require.

Print Name (Applicant)

Signature (Applicant)

Signature (Witness)

Date