



# NORTHUMBERLAND HUMANE SOCIETY FOSTER VOLUNTEER APPLICATION

**OFFICE USE ONLY**

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

Interview date: \_\_\_\_\_

## A. Personal Profile

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Are you:  WORKING  STUDENT  RETIRED  OTHER: \_\_\_\_\_

Describe your home:  HOUSE  TOWNHOUSE  APARTMENT

Do you:  RENT  OWN  LIVE WITH PARENTS

Do you have a fenced back yard?  YES  NO

Do you have access to a vehicle?  YES  NO

Are there children living in or frequently visiting your home?  YES  NO

If yes, please list their ages: \_\_\_\_\_

Are there any other members in your household (over the age of 18) who will be assisting you as a foster volunteer?  YES  NO

If yes, please list their name(s) and your relation(s):

\_\_\_\_\_  
\_\_\_\_\_

Do any members of the household have asthma or allergies? \_\_\_\_\_

## B. Becoming a Foster Volunteer

Please list any other foster or rescue programs that you volunteer your time with:

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Do you have experience administering medication to animals? If yes, please describe:

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Please provide a summary of your experience with very young, ill, injured or under-socialized animals:

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Please indicate which animals you are interested in fostering – please check all that apply:

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|--|--|
| <input type="checkbox"/> Orphaned kittens                    | <input type="checkbox"/> Orphaned puppies                    |
| <input type="checkbox"/> Cats needing pre/post-surgical care | <input type="checkbox"/> Dogs needing pre/post-surgical care |
| <input type="checkbox"/> Sick cats/kittens                   | <input type="checkbox"/> Sick dogs/puppies                   |
| <input type="checkbox"/> Nursing and/or pregnant cats        | <input type="checkbox"/> Nursing/pregnant dogs               |
| <input type="checkbox"/> Injured cats                        | <input type="checkbox"/> Injured dogs                        |
| <input type="checkbox"/> Cats with behavioural issues        | <input type="checkbox"/> Dogs with behavioural issues        |
| <input type="checkbox"/> Palliative care cats                | <input type="checkbox"/> Palliative care dogs                |
| <input type="checkbox"/> Hamsters, Gerbils, Rabbits, Rats    | <input type="checkbox"/> Livestock (Equine)                  |

Please describe the area where the foster animal(s) will be isolated:

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Please indicate the amount of time per day that you can describe to your foster, and how many hours will the animal be alone on a regular basis?

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Are there any behavioural or medical concerns that you are not comfortable fostering?

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While it is possible to rehabilitate most animals that are fostered, there may be some occasions when a decision to euthanize is made (eg: palliative care fosters). This decision is the responsibility solely of the Northumberland Humane Society. Please describe your concerns, philosophies and beliefs on this, making reference to your ability to accept such a decision.

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### c. Personal Pet(s) Profile

Not applicable; I do not have a pet

Please list all the pets that are currently part of your household.

Species	Breed	Age	Sex	Spayed/Neutered	Last date vaccinated

Please indicate any significant health issues that the above pets have or have had:

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Please provide your veterinarian's name and phone number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I authorize the NHS to contact my veterinarian for reference and I authorize the NHS to conduct an on-site inspection of the premises where the animal will be fostered. I acknowledge that this application remains the property of the Northumberland Humane Society.***

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