

Name:

Emergency Foster Application

This foster application is for those willing to commit to housing a pet for a minimum of four weeks if an emergency disrupts operations and places the Upper Credit Humane Society (UCHS) above capacity. Please understand that the UCHS may only contact you if the organization is in a state of emergency.

Information About You

Date:

Address:				
Email:				
Home telephone:	Cellular:			
Would you be willing to take a pet home within 24 hours?	□ Yes	□ No		
If required, are you pre-approved to foster a pet in your home?	□ Yes	□ No		
If no, please specify your availability to begin fostering:				
Are there any upcoming dates when you are unable to foster?				
Hou	sing			
Do you have pets? Please specify:				
Are their vaccinations up to date?	□ Yes	□ No		
Do you:	□ Own	□ Rent		
If you rent, do you have permission from your landlord to foster animals?	□ Yes	□ No		
If yes, please provide your landlord's contact information below:				
Name:	Telephone:			
What type of dwelling do you live in?				
Describe where the foster animals be housed, and how will you separate them from your own animals if applicable?				

Location: 5383 Trafalgar Rd. N. Erin, ON NOB 1T0 | Tel: 519.833.2287 | Fax: 519.833.2247



Housing				
□ Yes	□No			
elimination)? ² ¹ A private fenced yard is not necessary for fostering, however it is helpful for the UCHS when making placement decisions. ² It is okay to leave your foster animal alone, however it is helpful for the UCHS when making placement decisions				
	□ Yes			

Cats and Kittens		Dogs and Puppies	
My household can foster any of the following:			
	Pregnant cat		Pregnant dog
	A nursing cat with her litter		Nursing dog and litter
	Kittens 0 - 4 weeks of age		Puppies 0 - 4 weeks of age
	Kittens 4 - 10 weeks of age		Puppies 4 - 10 weeks of age
	Adult cat		Adult dog
	Recovering from injury or surgery		Recovering from injury or surgery
	Special medical needs		Special medical needs
	Special behavioural needs		Special behavioural needs
	Small animals (rabbits, rats, guinea pigs, birds, etc.)		

Previous Experience with Animals or Foster Care				
Is there anything you would like to share about yourself or your experience?				

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Applicant Signature					
Signature	 Date				
UCHS Use Only					
Animal Foster Q/A completed by applicant:	□ Yes	□ No			
Accepted:	□ Yes	□ No			
If no, explain:					
Date foster animal orientation attended:					
Confidentiality waiver signed:	□ Yes	□ No			
Date police check supplied:					
Emergency Foster Animal Agreement Contract overview completed with the UCHS Coordinator:	□ Yes	□ No			
Comments:					
UCHS Foster Animal Coordinator					
Name	Date				

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