

Date Received:



## WAG Foster Program Application

FOSTERING ANIMALS IS CHALLENGING AND REWARDING!

This application allows us to ensure you are matched with a suitable animal and that fostering is a mutually beneficial experience to all

### Personal Information:

Your Full Name:				
Your Home Address:				
City:	Province:	Postal Code:		
Home Phone #	Cell Phone Number:			
Email:				

### Describe your residence:

Single Family Home  Townhouse  Condominium/Apartment/Suite  Farm

Is there other information regarding your home you like to share?:

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Do you own your home?  Yes  No

If not, do you have your landlord's permission to keep a pet?  Yes  No

Please provide your landlord's name and phone number (this is mandatory for volunteers who rent):

Name:	Phone #:
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How long have you been at this address?

How long do you plan on staying at your current address?

How long have you been a resident in your community?

How many people are currently living in your home?

Please indicate the number of children you have and their ages:

Does anyone in your household suffer from allergies?

Are there other pets in your household?  Yes  No

If yes, please tell us about them:

Species	Name	Breed	Gender	Spayed/ Neutered	Age	Vaccine Status	Where Obtained?
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Current <input type="checkbox"/> Overdue	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Current <input type="checkbox"/> Overdue	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Current <input type="checkbox"/> Overdue	

If applicable, please provide us with the name and telephone number of your veterinarian:

**Describe your lifestyle and fostering capabilities:**

Why do you wish to be a foster caregiver?

Have you fostered animals in the past?

Please describe any special skills or experience you bring to the program:

Please indicate the type of animals you are willing and able to foster:

Adult Dog  Puppy  Adult Cat  Kitten  Rabbit  Guinea Pig  Other

For what period of time are you willing and able to foster an animal?

How many hours per week do you work?

What hobbies/activities do you and your family enjoy?

Which member of your household will be primarily responsible for the care and control of this animal?

Are you willing to allow potential adopters to meet a fostered animal in your home at a prearranged, mutually convenient time?

Are you willing and able to transport a fostered animal to and from any veterinary appointment?

Are you willing to foster an animal under any of the conditions listed below? Please check the boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> an animal with behavioural problems | <input type="checkbox"/> an animal recovering from surgery |
| <input type="checkbox"/> an animal requiring housetraining   | <input type="checkbox"/> an animal requiring medication    |

Are you prepared to keep a written record of a fostered animal's health or behaviour if necessary?

### **Signature**

I certify that the above information is correct and reflects my true willingness and ability to provide a foster home to a WAG animal.

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

Thank you for submitting an application to foster a WAG animal. We will notify you when we have an animal in need that may be a good match for you and your family.

### **PRIVACY AND PROTECTION OF PERSONAL INFORMATION**

The personal information collected on this application will be used solely to determine the applicant's suitability for fostering of a WAG animal. By providing information on this application, you are voluntarily consenting to the collection and use of your personal information by WAG. This information will not be used for any other purpose by WAG without your written consent. This information will not be disclosed to any other organization. All information provided will be kept in such a manner as to ensure its confidentiality.

At written request, applicants may access their personal information held by WAG. Requests may be mailed to WAG at P.O. Box 274, Whistler, BC, V0N 1B0, faxed to 604-935-8328 or emailed to [WAG@whistler.ca](mailto:WAG@whistler.ca).

