

**EDSON ANIMAL RESCUE SOCIETY**

[www.edsonanimalrescue.com](http://www.edsonanimalrescue.com)



780-712-6788

Foster Application

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

Name(s) of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

**(All fosters must be 18 years of age or older)**

Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ Town/ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email \_\_\_\_\_

1. Please identify the type of animal you're interested in fostering: \_\_\_\_\_

2. Do you have any previous experience with fostering? If yes, please describe:  
\_\_\_\_\_

3. What type of home do you live in? (Eg. Apartment, acreage) \_\_\_\_\_

4. Do you currently own your home? \_\_\_\_\_

5. If not, do you have permission from your landlord to foster a pet? \_\_\_\_\_

**(We require written proof with your landlords contact information and approval)**

6. Please list the ages of ALL members living in the household (including tenants/roommates) :  
\_\_\_\_\_

7. Do you currently own any animals? \_\_\_\_\_ If yes, please list them below:

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Fixed: \_\_\_\_\_ Vaccinated: \_\_\_\_\_ Age: \_\_\_\_\_

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8. Are there any known allergies to animals in the home? \_\_\_\_\_

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8. On a scale of 1-10, please rate your confidence level when dealing with problem behaviors that a foster animal could exhibit: \_\_\_\_\_

9. Is there any behavioral trait, breed, or size of animal you don't feel comfortable fostering?  
\_\_\_\_\_  
\_\_\_\_\_

10. What activity level and disposition are you looking for? \_\_\_\_\_  
\_\_\_\_\_

11. Will this foster pet be mainly: Outdoors \_\_\_\_\_ Indoors \_\_\_\_\_ Both \_\_\_\_\_

12. How many hours per day on average is the family away from home? \_\_\_\_\_

13. Where will your foster pet be kept when they are left home alone? \_\_\_\_\_

14. Are you interested in providing a quarantine area? If yes, please describe the area: \_\_\_\_\_  
\_\_\_\_\_

15. Any other information you would like us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please INITIAL the following:**

\_\_\_\_ I understand that E.A.R.S. does their best to find the most compatible foster home for each animal in our care. In the event that I realize my home is not a good fit, or my home circumstances have changed, I agree to give E.A.R.S. a minimum of 2 weeks' notice in non-emergency situations in order to find a new placement for the animal in question.

\_\_\_\_ I agree to accept responsibility for making timely veterinary appointments for my foster animal when needed (i.e. for vaccinations and spay/neuter) as well as transporting to and from the vet clinic, and informing E.A.R.S. when I have made such appointments.

\_\_\_\_ I will provide my foster pet with a nurturing, safe and loving environment with food in sufficient quantities to maintain proper health, plenty of fresh water, adequate space to be active, and proper shelter from the elements at all times.

\_\_\_\_ I will treat my foster pet with respect, love and dignity at all times. I will correct any inappropriate behavior in a firm yet gentle manner.

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\_\_\_\_ I understand that E.A.R.S. is not responsible for any property damage the foster pet may cause while in my care, and if the pet is previously known to have qualities that may result in property damage that E.A.R.S. will have disclosed this information to me.

\_\_\_\_ I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of E.A.R.S.

\_\_\_\_ I agree that my services are provided to E.A.R.S. on a volunteer basis without pay or compensation of any kind and all services are to be performed at my own risk.

Do you hereby allow E.A.R.S. to use any photographs taken of yourself at events for public relations purposes? \_\_\_\_\_

**By signing below I hereby submit that the information provided is true, and any false information may result in losing the privilege to foster for E.A.R.S. I understand that E.A.R.S. has the right to deny my application and that this application must be completed in full and approved by the E.A.R.S. foster committee before I may start my volunteer position.**

Signature of Foster(s) X \_\_\_\_\_ Date \_\_\_\_\_  
Name(s) printed: \_\_\_\_\_

E.A.R.S. representative (printed): \_\_\_\_\_

E.A.R.S. representative (signature): \_\_\_\_\_