



PLEASE PRINT

**FOSTER FORM  
PET SAFEKEEPING PROGRAM**

Foster Program Overview

**SECTION 1**

Humane Services is committed to working with the RNC and women's shelters to provide temporary accommodations for animals whose owners are fleeing from intimate partner violence. Victims and their children delay leaving their households out of concern for the family pets. This increases risks to the victims, children and the pets of further injury or death. Emergency shelters do not accommodate pets. You can help by fostering a pet in your home. All you need to provide is a safe and loving environment for up to 30 days.

The City of St. John's is not liable for any injury, illness or damage to persons or property, including animals belonging to the foster family while an animal is in foster care.

- All animals to be fostered are matched with foster families according to information provided.
- Information regarding the foster parent will be kept confidential other than from the Humane Services Division.
- All animals going into foster care will be examined, vaccinated, dewormed, flea treated, feleuk tested and licensed prior to being placed.
- Humane Services will provide food/litter/supplies, if requested.
- The City makes all decisions with respect to animals placed in foster care.
- Foster parents are required to give weekly updates to Humane Services.

Foster Applicant Information

**SECTION 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

**Family Household Information**

**SECTION 3**

Number of adults in the household \_\_\_\_\_ Have all adults agreed to the foster? Yes No

Number of children in the household \_\_\_\_\_ Number of children: Under 5 \_\_\_\_\_ Ages 5-10 \_\_\_\_\_

Have the children had pets before? Yes No

Is anyone in the household allergic to pets? Yes No

Do you have a quiet or active household? Quiet Active

Do you have a pet proof fenced garden? Yes No

**Your Personal Pet Information**

**SECTION 4**

If you currently have pets, please complete the following:

Name	Species	Age	Gender		Spayed or Neutered		Date of Vaccination	Is Your Pet Friendly With Other		
			M	F	Yes	No		Dogs	Cats	Neither
			M	F	Yes	No		Dogs	Cats	Neither
			M	F	Yes	No		Dogs	Cats	Neither
			M	F	Yes	No		Dogs	Cats	Neither

Do any of your pets have health issues? Yes No

If so, please provide detail:

Foster Animal Information

SECTION 5

Please indicate which type of animals you are interested in fostering.

Dog      Cat      Bird      Pocket Pet      Reptiles/Snake

Do you have experience administering medication to animals?      Yes      No

Please indicate the amount of time, per day, that you and others have to dedicate to your foster animal(s). \_\_\_\_\_

How many hours will the animal(s) be alone on a regular basis? \_\_\_\_\_

If an animal has a potential unknown illness or condition, are you comfortable fostering?      Yes      No

Would you agree to a home visit by Humane Services staff?      Yes      No

Declaration – To Be Completed by Applicant

SECTION 6

By signing below, I certify that the information I have given is true. I acknowledge that the City of St. John's is not liable for any injury, illness or damage to persons or property, including animals belonging to the foster family while an animal is in foster care. I further acknowledge that I am at least 18 years of age. I understand that my information will be kept confidential and the owner or representative of the owner will not be given the location or information provided on my application. My only contact will be directly with the Humane Services Division. I agree to return the foster animal immediately at the request of the Humane Services Division. If the foster animal does not work out, I may return the animal at any time. Once the animal is no longer in my care, I am not privy to any further information or updates on the animal.

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

Office Use Only

SECTION 7

Date \_\_\_\_\_ Interviewed by \_\_\_\_\_

Approved by \_\_\_\_\_ Declined by \_\_\_\_\_

Comments:

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



NEWFOUNDLAND AND LABRADOR, CANADA

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of program approval. Questions about the collection and use of the information may be directed to Cindy R. McGrath, Manager – Humane Services, [cmcgrath@stjohns.ca](mailto:cmcgrath@stjohns.ca)

The completed form and supporting documentation can be delivered, during normal working hours, to:

Humane Services  
81 Higgins Line

The completed form and supporting documentation can be mailed to:

Humane Services  
PO Box 908  
St. John's, NL  
A1C 5M2

For additional information:

Visit or Call Access St. John's  
City Hall, 10 New Gower Street  
311 or 709-754-CITY (2489)

Call Humane Services  
709-576-6126  
Monday to Friday, Noon to 4pm  
Saturday and Sunday, 3 to 5pm

Email [humaneservices@stjohns.ca](mailto:humaneservices@stjohns.ca)