

	CS – Foster Form Pet Safekeeping Program	Community Services
	Foster Form Pet Safekeeping Program	

Foster Program Overview	SECTION 1
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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
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Name _____

Address _____

City/Town _____ Postal Code _____

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 others
			M	Yes		Dogs
			F	No		Cats
						Neither
			M	Yes		Dogs
			F	No		Cats
						Neither
			M	Yes		Dogs
			F	No		Cats
						Neither

Do any of your pets have health issues?: Yes No

If so, please provide detail:

Foster Animal Information	SECTION 5
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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
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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_____

Privacy Notice	SECTION 7
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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 Manager of Humane Services, humaneservices@stjohns.ca

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Office Use Only	SECTION 8
Date _____ Interviewed by _____ Approved by _____ Declined by _____ Comments: Supervisor Signature _____ Date _____	
Please send completed form to: <div style="display: inline-block; vertical-align: top; width: 45%;"> Humane Services P.O. Box 908 10 New Gower Street St. John's, NL A1C 5M2 </div> <div style="display: inline-block; vertical-align: top; width: 45%; margin-left: 20px;"> For further information: Phone: 709-576-6126 Email: humaneservices@stjohns.ca </div>	
Or drop off application to Humane Services – 81 Higgins Line	