

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?

What type of animals are you willing and able to foster?

Puppy Adult Dog Kitten Cat 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 pre-arranged, mutually agreeable 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.

an animal with behavioural problems
 an animal requiring housetraining

an animal recovering from surgery
 an animal requiring medication

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.