



WAG Foster Program Application

Date of Application:					
Your Full Name:					
Your Home Address:					
City:		Province:		Postal Code:	
Your Mailing Address:					
City:		Province:		Postal Code:	
Home Phone Number:			Cell Phone Number:		
Email Address:					
Birth Date (MM/DD/YYYY):					

Please indicate the type of animals you are able to foster and in which program:

Adult Dog Puppy Adult Cat Kitten

HOUSE HEAVEN FOSTER PROGRAM:

This foster program is available for all types of animals, but will **primarily apply to cats and kittens**. As a House Heaven Foster Parent, you will allow a WAG animal to live in your home until they are adopted (or as long as possible). You may occasionally need to bring them to WAG for Open Adoption Days, veterinary treatments, or adoption meetings, and you must be willing to allow potential adopters to meet the animal in your home at a prearranged, mutually convenient time. This program applies to animals that we have no room for at the shelter, are extremely kennel stressed, or have been at the shelter for an extended period of time.

SWEET DREAMS FOSTER PROGRAM:

This foster program is designed for **dogs and puppies only**, and requires fostering the animal only at night. As a Sweet Dreams Foster Parent, you will be responsible for picking up the dog each night from WAG, and bringing them back each day. This program is focused on providing our shelter dogs with a warm bed and company at night, rather than being left alone in their kennels at the shelter. This greatly reduced kennel stress, boredom, and depression.

WAG is always here if you need to travel or are unable to continue fostering!

Describe your residence:

Single Family Home Townhouse Condominium/Apartment/Suite Farm

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 many people are currently living in your home? _____

Are there any children in the home? What are 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	

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? _____

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

Describe your lifestyle and fostering capabilities:

Why do you wish to be a foster caregiver? _____

Have you fostered animals in the past? _____

Please describe your animal care background. Also, do you have any special skills or dog training experience?

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 and able to transport a fostered animal to and from any veterinary appointments? _____

I am willing to foster:

- | | |
|--|--|
| <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 |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> All of the above |

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

Signature

I certify that all of the information contained within this application is correct and reflects my true willingness and ability to provide a foster home to a WAG animal. I understand that any misrepresentation of the truth in this application will invalidate any subsequent foster agreements and gives WAG the right to deny any future foster of WAG animals.

I understand that completing and submitting this application does not guarantee me approval for fostering of a WAG animal. WAG reserves the right to refuse any application for any reason.

Signature _____ Date _____

Thank you for submitting an application to foster a WAG animal. If you qualify, we will notify you of the next step. ALL FOSTER HOMES MUST PROVIDE A VALID CREDIT CARD NUMBER.

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@whistlerwag.com.