



Portage Animal Welfare Society Inc.
121-12th St NE
Portage la Prairie, MB
R1N 4A2

FOSTER CARE APPLICATION

Name: _____ Date of Application: _____

Address: _____

Phone Number: Work _____ Cell _____

Home _____

Email Address: _____

Current Veterinarian: _____

May we contact your vet for an animal care reference? Yes No

Do you currently own pets? Yes No

What species? _____

Male or Female Age _____ Vaccinated? Yes No

Spayed/Neutered Yes No

If not spayed/neutered, please explain why: _____

Do your pets accept other pets? Yes No

Please list all types of pets you've had in the past:

Have any of your past pets died of unnatural causes including disease? Yes No

If yes, please explain: _____

Do you have children at home? Yes No

Please list their ages _____

Have they been around pets? _____

Would they be participating in the care of the animal fostered? Yes No

Do you live in an: Apartment House Condo Other _____

Do you: Rent Own

If you rent, is your landlord willing to give you written permission to house a fostered animal? Yes No (If yes, please attach a copy of it to this application.)

Do you have homeowner's insurance? Yes No

Do you have a yard? Yes No Is it fenced? Yes No

Does the primary animal caregiver work: Full-time Part-time Other _____

Is the primary animal caregiver or substitute caregiver home during the:

Day? Yes No

Evening? Yes No

Nighttime? Yes No

Weekends? Yes No

Statutory Holidays? Yes No

If no to any of the above, please explain: _____

Where will you keep the fostered animal? _____

Do you have any experience in training (housebreaking, basic commands)? Yes No

Are you willing to provide basic training for the fostered animal? Yes No

Do you have any specifications on the type of animal you would like to be placed with you? Please circle.

Cat or Dog Male or Female Small Medium Large

Special Medical Needs? Yes No

Do you have any time constraints on the amount of time the animal can remain in your home? Yes No

Any additional comments: _____