

In order to be considered to foster, you must: be 18 years of age; have the knowledge and consent of all adults living in your household; provide valid identification with your current address; and provide the name and phone number of your landlord/superintendent/management company in a condo or rental situation.

Section 1				
Name	Home Phone Number	Work Phone Number		
Address	City	Postal Code		
Are you: <input type="checkbox"/> Attending School <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Other (<i>specify</i>)				
Living Arrangements				
<input type="checkbox"/>	<input type="checkbox"/> Apartment - Floor	<input type="checkbox"/> Town	<input type="checkbox"/> Shared	<input type="checkbox"/> Semi-detached
Do you <input type="checkbox"/> Live with <input type="checkbox"/> Own <input type="checkbox"/> Rent			How long have you lived at your current address?	
Landlord/Superintendent's Name				Phone Number
Section 2				
Please tell us the following Number of adults in the household		Number of children in household and their ages		Types of animals you would like to foster?
Which household member will have primary responsibility for care of the foster animal(s)?			Does anyone in your home have allergies to pets?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
How long are you willing to foster this particular animal(s)? <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 3-4 weeks				
If you are away from home for an unexpected amount of time, who would you contact to take care of the animal(s)?				
Have you previously fostered animals before? If so, what organization?				
Please let us know the reasons why you would like to foster an animal(s) from us?				
What type(s) of pet(s) do you own, or have owned, during the past five years?				
Type/Breed	Age	Sex (Spayed/Neutered)	Vaccination Date	Still Own
Name of Veterinarian		Name of Veterinarian Clinic		Phone Number
Indicate what you feel your level of "Animal Experience" is				
<input type="checkbox"/> No experience <input type="checkbox"/> Have had one or two animals <input type="checkbox"/> Knowledgeable and Experienced				
How long will the animal be alone each day?				
<input type="checkbox"/> Not at all <input type="checkbox"/> 1 to 3 hours <input type="checkbox"/> 4 to 6 hours				
Where will the animal(s) sleep?				

**Section 3 – I agree to the following conditions (Please initial each)
(Shelter shall mean Clarington Animal Shelter)**

- I certify my own pets are licensed and up to date on his/her vaccinations, including rabies.
- I agree to keep my pets separated from the foster animal(s). If the foster animal(s) are incubating any diseases this separation will minimize the chance of any animal becoming ill. I understand that shared bedding, dishes, and any other item can transfer diseases between animals.
- Should the foster animal(s) become ill while in my care I agree to call the Shelter before taking the animal to the veterinarian clinic. Any charges incurred will be my responsibility if the animal is taken to the veterinarian clinic without authorization of the Shelter.
- I understand that the Shelter is not responsible for any property damage and/or injuries that may occur. Any damages and/or injuries will be my responsibility.
- The Shelter is not responsible should any of my animals become ill from a foster animal.
- I agree to pay any veterinary expenses incurred for my animal(s).
- I fully understand that the foster animal is the property of the Shelter and cannot be adopted and/or re-homed by the foster parent. Any decision made by the Shelter will be followed by me, regarding the return and/or disposition of the animal.
- I agree to provide a Criminal Background Check (issued within the last 6 months)
- I agree to allowing Shelter staff to undertake a home inspection for the purpose of determining suitability for a fostering environment.

Section 4 - Waiver and Release of Liability

- I hereby understand that the animal I am fostering belongs to the Municipality of Clarington. I am caring for her/him temporarily until a permanent home is found. I will under no circumstances re-home the animal myself and I will contact the Shelter if I am no longer able to care for the animal.
- The Municipality of Clarington shall not be held responsible for any bodily injuries or any property damage caused by any foster animal.
- I WAIVE, RELEASE, AND DISCHARGE the Municipality of Clarington from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, or actions of any kind which may hereafter occur to me; or any persons present in my household.
- I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Municipality of Clarington from any and all liabilities or claims made as a result of fostering an animal, whether caused by the negligence of release or otherwise.

Signature	Date
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Section 5

- I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of fostering a pet. I understand that the Corporation of the Municipality of Clarington has the right to deny my request to adopt an animal. I authorize the investigation of all statements in this application. I understand that this application is the property of the Corporation of the Municipality of Clarington.

Signature	Date
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For Office Use Only CBC attached home visit completed

Animal File Number	Species	Decision <input type="checkbox"/> approved <input type="checkbox"/> declined	Staff Name
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Comments

Personal information provided is collected under authority of the *Municipal Act, R.S.O. 2001, c.25, s.103*, and will be used to determine eligibility for pet fostering purposes only. Questions about this collection should be directed to the Deputy Clerk, 40 Temperance Street, Bowmanville, ON, L1C 3A6, 905-623-3379.