



Applicant Information

First Name	Last Name	Are you over 18 years old?
Street Address	City	Postal Code
Email	Phone	

References - please provide 2

Name	Email
Name	Email

Membership (required for insurance purposes)

Membership Type	Payment Date	Amount/Type
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Your Home

<input type="radio"/> Rent <input type="radio"/> Own Type of Dwelling?	Landlord Name and Contact
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Your Family

of Roommates _____ Children _____ Age of Children _____

Roommate #1	Roommate #2
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Allergies? _____ Special Considerations _____

How much experience with cats do you have and what kind?

Your Current Pets

Name	Type/Breed	
Age	Gender	Temperament
Name	Type/Breed	
Age	Gender	Temperament

Fostering saves two lives ~ the one fostered and the one in the shelter.

Type of Fostering - to be completed with Foster Coordinator

What age of cat are you interested in fostering? Check all that apply.

Baby Kitten Juvenile Adult Senior

Are you comfortable administering medication and/or changing bandages? Y N

Are you able to bring your foster cat to the vet when required?

We are able to provide some equipment on a loan basis as needed. What equipment will you need to foster? (carrier, bowls, scratch post, toys etc.)

Signature

I warrant and confirm that the information given in this application is true and correct and I understand that it is being used to determine my compatibility and responsibility for the animal.

I understand the NWT SPCA reserves the right to refuse any applicant or to terminate any existing fostering agreements it currently holds without any reason.

I understand that my role is solely as a temporary home and the placement of any animals I foster will be conducted by the NWT SPCA. It is the responsibility of the NWT SPCA to review and interview potential adopters.

I understand the NWT SPCA will require me to make available foster animals to meet and visit potential adopters.

I understand I am fully responsible for the health, safety and general wellbeing of the foster animal throughout the duration of its fostering time with me. I will not hold the NWT SPCA liable for any damage, injury or harm cause directly or indirectly through my fostering activities with the NWT SPCA. I will comply with all City by-laws regarding the care of any foster animals.

Date _____ Signature of Applicant _____ Witness _____

Office Use Only Home Check Landlord Approval

Supplies sent out carrier scratch post litter pan(s) bowls

Notes: