

# Angel's Haven Boarding & Rescue

Box 418 Oak Bluff, MB R0G 1N0  
204 793-5939 [www.angelshaven.ca](http://www.angelshaven.ca)



## GUIDELINES AND RULES FOR FOSTERING ANGEL'S HAVEN ANIMALS

- Must be at least 19 years of age.
- Your own animals must be up to date with their vaccinations.
- Consent from your Landlord (where applicable).
- Support of all other household members involved in fostering.
- Room to isolate the foster animal(s) from other household pets.
- Ability to transport animal(s) to a veterinarian, if necessary, or to Angel's Haven.
- Must be able to provide three (3) local references, one being your current veterinarian.

**PLEASE PRINT: DATE:**

Name (First, Middle, Last)		Day Phone #	
Spouse or Partner's Name		Evening Phone #	Email Address
Address	City	Prov.	Postal Code
Do You <input type="checkbox"/> Rent <input type="checkbox"/> Own	If Rent, Landlord's Name	Landlord's Phone #	
How long at current address?		If less than one (1) year, give previous address	
Are you: . <input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Other			
(Specify) _____			
What animals have you owned in the past five (5) years?			
Name	Breed/Type	Spay/ Neutered?	Where is the animal now? If deceased, age and cause of death.
Who was/is your vet?		Where is your vet located?	
Please indicate what type(s) of foster care you would be interested in providing?			
<input type="checkbox"/> Kittens needing bottle feeding <input type="checkbox"/> Older kittens <input type="checkbox"/> Litter of kittens with mother cat <input type="checkbox"/> Pregnant cat <input type="checkbox"/> Sick/injured/recuperating cats <input type="checkbox"/> Cats needing house training <input type="checkbox"/> Cats with behaviour/training needs <input type="checkbox"/> Rabbits or other small animals <input type="checkbox"/> Short-term care to provide vacation or respite needs for other foster volunteer		<input type="checkbox"/> Puppies needing bottle feeding <input type="checkbox"/> Sick/recuperating puppies <input type="checkbox"/> Older puppies <input type="checkbox"/> Puppies with mother dog <input type="checkbox"/> Pregnant dogs <input type="checkbox"/> Sick/injured/abused dogs <input type="checkbox"/> Dogs needing housetraining <input type="checkbox"/> Dogs with behavioural/training needs <input type="checkbox"/> Senior dogs <input type="checkbox"/> Only small dogs <input type="checkbox"/> Foster any size dogs	

## ABOUT YOUR HOUSEHOLD

Number of adults \_\_\_\_\_

Number of children and their ages \_\_\_\_\_

Do you have other children who regularly visit?

No  Yes (if yes, what ages \_\_\_\_\_)

How many pets do you have?

Indoor cats \_\_\_\_\_

Outdoor cats \_\_\_\_\_

Indoor dogs \_\_\_\_\_

Outdoor dogs \_\_\_\_\_

Other pets / livestock \_\_\_\_\_

How are your other animals with cats \_\_\_\_\_, with dogs  
\_\_\_\_\_ with puppies \_\_\_\_\_?

How many hours per day will the foster animal be left alone?

\_\_\_\_\_

What is the noise/activity level like in your home?

Quiet  Moderate  Busy  Very busy  Hectic

Is anyone in your household allergic to:

Cats?  Yes  No

Dogs?  Yes  No

Where would you keep a foster dog or cat when you are at home? \_\_\_\_\_

When you are not at home? \_\_\_\_\_

Where would the foster animal sleep at night?

\_\_\_\_\_

Have you ever house-trained:

A cat?  Yes  No

A puppy?  Yes  No

An adult dog?  Yes  No

Have you ever crate trained a dog?  Yes  No

Have you ever obedience trained a dog?  Yes  No

Would you be willing to take a foster dog to obedience classes, if necessary (paid for by Angel's Haven)?  Yes  No

Have you ever been involved in the birth of an animal?

Yes  No

Have you ever had an experience in caring for a sick, injured, or abused animal?  Yes  No

Do you have a fenced yard?  Yes  No. If no, how will the foster dog go outside? \_\_\_\_\_

Are you willing to have a representative from Angel's Haven visit you for a home check?  Yes  No

Please list any additional skills or training that may be helpful in fostering animals in your home:

---

---

---

---

---

**PLEASE GIVE THREE (3) REFERENCES WE CAN CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to you: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to you: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to you: \_\_\_\_\_

Email: \_\_\_\_\_

## Certification

I certify that the information I have given on this form is true and I authorize Angel's Haven to contact my references. I understand that foster animals are owned by Angel's Haven and all adoptions, without exception, will be conducted through Angel's Haven, and I agree not to relinquish foster animals in my care to anyone other than Angel's Haven or its representative. I also agree that all veterinary visits for foster animals under my care must be pre-approved by Angel's Haven or the Foster Care Coordinator, and all such visits will be the financial responsibility of Angel's Haven.

---

Print Name (Applicant)

---

Signature (Applicant)

---

Signature (Witness)

---

Date

## CONSENT TO RELEASE PERSONAL INFORMATION

I, \_\_\_\_\_, am applying to foster an animal from Angel's Haven, and hereby authorize my veterinarian and any of the clinic or office staff of that clinic, to release confidential information concerning me, my animals, their health and history to the representatives of Angel's Haven. I understand that this information will be used to verify my suitability as a prospective foster person for an animal(s) from Angel's Haven. My veterinarian requires this written consent to release any personal and confidential information that Angel's Haven and its Representatives may require.

\_\_\_\_\_  
Print Name (Applicant)

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Signature (Witness)

\_\_\_\_\_  
Date