



SIMCOE AND DISTRICT HUMANE SOCIETY

24 Grigg Drive, P.O. Box 193

Simcoe, Ontario N3Y 4L1

Ph: 519-428-9161

Fax: 519-428-2086

Email: info@s-dhs.ca

Website: www.s-dhs.ca

SDHS FOSTER HOME APPLICATION

Contact Information of the Primary person who will be in Care and Control of SDHS's Animals

Name:	
Street Address:	
Mailing Address:	
City ST ZIP Code:	
Home Phone:	
Work Phone:	
Cell Phone:	
E-Mail Address:	

A Photo ID would be preferred (please DO NOT use Health Card)

Type of IDENTIFICATION:	Driver's License <input type="checkbox"/>	Student Card <input type="checkbox"/>	Other: _____
ID number:			
Issue Date:	Month _____ Day _____ Year _____	Expiry Date:	Month _____ Day _____ Year _____
Date of Birth:	Month _____ Day _____ Year _____		

Contact Information of any Secondary person who will be in Care and Control of the Animals

Note: Secondary person should fill in their information

Name:	
Street Address:	
Mailing Address:	
City ST ZIP Code:	
Home Phone:	
Work Phone:	
Cell Phone:	
E-Mail Address:	

A Photo ID would be preferred (please DO NOT use Health Card)

Type of IDENTIFICATION:	Driver's License <input type="checkbox"/>	Student Card <input type="checkbox"/>	Other: _____
ID number:			
Issue Date:	Month _____ Day _____ Year _____	Expiry Date:	Month _____ Day _____ Year _____
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Why are you interested in fostering with Simcoe & District Humane Society?

Do you rent or own your residence? Rent _____ Own _____

If you rent your residence, do you have an animal agreement with your landlord?

_____ Yes _____ No

Please explain:

How many people live in your home? _____ Adults _____ Children

How old are the children:

_____ 0-18 months _____ 18 months - 3 years _____ 3 - 5 years

_____ 5 - 8 years _____ 8-12 years _____ 12 - 16 years

Will the children have involvement with the foster animals? Yes _____ No _____

Please explain:

Does anyone in your home have allergies to ANY animals? Yes _____ No _____

If yes, are the allergies medically controlled? Yes _____ No _____

Are there concerns that once the animal is placed in your home, they will have to be removed due an allergic reaction? Yes _____ No _____

Is someone home during the day? Yes _____ No _____

Understand that all Foster Animals must be kept safe example:

Cats must be kept indoors, Dogs kept from running at large; Horses must have shelter available ...

Please describe the area(s) available where the animals would be kept:

Indoors: _____



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Outdoors: _____

Shelter for large animals:

Do you have isolation or quarantine areas in/at your home appropriate to the animal(s) you wish to foster? Yes _____ No _____

Summarize your experience with animal care:

Do you have animals in/at your home now? Yes _____ No _____

Please tell us how many animals live in/at your home:

Dogs _____ Cats _____ Small Furry Animals _____ Horses _____ Cattle _____
Farm Animals _____ Other _____

What type of "other" animals do you have in your home?

Are the animals spayed/neutered? Yes _____ No _____

If not, please explain why animals are not spayed or neutered:

Are the animals up to date with all vaccinations? Yes _____ No _____

Please list all recent vaccinations:

If you answered no, please give reasons for the animal(s) not being vaccinated.



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Do you have a regular vet? Yes _____ No _____

Vet's Name: _____

Address: _____

Phone#: _____

What type of animal(s) would you consider fostering?

____ Feline ____ Canine ____ Horse ____ Farm animals ____ Small animals ____ Other

What length of time would you consider fostering an animal?

____ Emergency 24-48 hours ____ 3-5 weeks ____ 5 weeks to adoption ____ Other

What degree of care could you handle?

____ normal animal
____ animal needing shelter and love

____ animal needing emotional or physical rehabilitation
____ animal needing medical care or medical monitoring

____ Pregnant or Mother animals
____ House Training

____ orphans under 6 weeks of age
____ Large Animal Training

Would you be willing to help with the adoption process? ____ Yes ____ No

Do you have access to a vehicle? ____ Yes ____ No

Are you able to use this car for veterinary appointments, for picking up supplies, etc.?

____ Yes ____ No

If you answered no, what arrangements will you make to follow through with this responsibility? _____

For Large animals, do you have access to a vehicle and trailer to transport the animals if necessary? ____ Yes ____ No



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Have you ever had any calls, concerns or interactions with Simcoe and District Humane Society, another branch or affiliate of the OSPCA or OSPCA Agent? Yes No
If yes, please explain:

Are you, at your convenience, willing to have a representative of the SDHS Visit your home? Yes No

When is the best time to visit? AM PM ANY

Have you read and do you understand the information provided in the Foster Care Guidelines? Yes No

Are you willing to present a Criminal Record Check to participate in the fostering program? Yes No

Is the Criminal Record Check attached to this application? Yes No

I understand that fostering is an integral part of the Simcoe and District Humane Society's Animal Care Program. As a Foster Home and animal Caregiver, I am acting as a representative of the Simcoe and District Humane Society, through the guidance of the Animal Care Coordinator and Team under the authority of the Simcoe and District Humane Society.

I understand that foster animals are in the custody of Simcoe and District Humane Society and all care must be agreed upon by the Animal Care Coordinator prior to making any arrangements.

As a fosterer, I may request and apply to adopt the animal in my care. I understand that all adoptions are screened by the Animal Care Team and I will be notified if adoption is suitable.

I understand that if I do not make the animal available to adopt, I may be charged the total cost of care while it was considered in the custody of Simcoe and District Humane Society and the adoption fee for this animal .

I agree to follow the Foster Care Guidelines and accept responsibility for the animal(s) I will have in my care. I also agree to inform the Animal Coordinator or another Simcoe and District Humane Society Representative immediately if there is an emergency with the animal in care, if there are changes in circumstances that would affect the animal in care, if there is a change of address or phone number, or if I can no longer provide appropriate care for the animal(s).



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Applicant's Name: _____

Signature: _____

Filling in the signature area will act as signature.

Coordinator's Name: _____

Signature: _____

Filling in the signature area will act as signature.

Decision of Acceptance

____ Accepted as Fosterer

____ Denied as Fosterer

Reason for Denial:

____ Multiple Reasons

____ Allergies in home

____ Concerns with children

____ Does not understand appropriate

animal care

____ Does not understand rules of

fostering

____ previously cautioned or banned from
owning animals

____ Not Enough Time

____ Too Many Animals in Home

____ Unsuitable Accommodations

____ Unable to Care or Cope

Notes:

Informed of decision by: _____

Date: _____

SDHS Representative: _____

Filling in the signature box will act as signature