



## D'Arcy's Animal Rescue Centre Foster Application

730B Century Street • Winnipeg, Manitoba • R3H 0M1  
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*Please Print Clearly*

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Do you rent your home? \_\_\_\_\_ If yes, are you allowed pets? \_\_\_\_\_

What are your reasons for wanting to foster an animal? \_\_\_\_\_

\_\_\_\_\_

List all the people in your household, including ages: \_\_\_\_\_

\_\_\_\_\_

Are all the members aware and in agreement of becoming a foster family? \_\_\_\_\_

Do any of the members of your household have allergies or fear towards any animal? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

List your current animals including sex and age: \_\_\_\_\_

\_\_\_\_\_

Are the above animals sterilized? \_\_\_\_\_ At which vet clinic? \_\_\_\_\_

Which vet clinic do you presently use? \_\_\_\_\_

Do you have any fostering experience? \_\_\_\_\_

If yes, with which organization? \_\_\_\_\_

Please describe the area in your home where the animal would be kept? \_\_\_\_\_

\_\_\_\_\_

Can this area be closed off from the rest of your home? \_\_\_\_\_

If applying to become a foster home for a dog, is your yard completely fenced in? \_\_\_\_\_

If yes, how high is the fence? \_\_\_\_\_

Have you ever had to give up an animal due to the animal's illness? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Please list your experience/knowledge in caring for animals. \_\_\_\_\_

Are you familiar with Upper Respiratory? \_\_\_\_\_

If yes, please list several of the symptoms. \_\_\_\_\_

Are you comfortable in force-feeding an animal? \_\_\_\_\_

In your opinion, what type of things would warrant to be a concern that requires immediate medical attention? \_\_\_\_\_

If the foster animal needed medical attention and the vet concluded that the animal needed to be humanely euthanized would you be supportive of our decision?  
Please explain. \_\_\_\_\_

Do you have a car at all times? \_\_\_\_\_

If not, are you willing to transport the animal to and from our vet office by taxi or transit at your own cost? \_\_\_\_\_ Please explain. \_\_\_\_\_

Are you currently fostering for another organization (i.e. Winnipeg Humane Society, Quagga, Manitoba Wildlife Federation, etc.) Please list. \_\_\_\_\_

How long will the fostering animal(s) be left alone? \_\_\_\_\_

Who will be the primary caregiver for the animal(s)? \_\_\_\_\_

Are you willing to let a representative from D'Arcy's A.R.C. visit your home at your convenience?

What kind of animal are you interested in fostering? Please check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> K-9                          | <input type="checkbox"/> Feline                   |
| <input type="checkbox"/> Pregnant/nursing mom         | <input type="checkbox"/> Animal with parasite     |
| <input type="checkbox"/> Chronic illness              | <input type="checkbox"/> Upper Respiratory        |
| <input type="checkbox"/> Minor injuries               | <input type="checkbox"/> Orphaned kittens/puppies |
| <input type="checkbox"/> Lack of space at the shelter | <input type="checkbox"/> Other. Explain. _____    |

***Thank you for your interest in fostering for D'Arcy's A.R.C.***