Foster Parent Application
(Animal Services)

Transportation and Works Department
Enforcement Division, Animal Services
735 Central Parkway West
Mississauga, Ontario L5C 4H4
Phone: 905-896-5858
Fax: 905-615-3279
mypet.info@mississauga.ca

MISSISSAUGA

Personal information on this form is collected under the authority of Section 11 of the *Municipal Act, 2001*. The information will be used to determine your suitability as a foster parent and for administrative purposes. Questions about the collection of personal information should be directed to Animal Services, 735 Central Parkway West, Mississauga Ontario, L5C 4H4, 905-896-5858.

Mississauga Animal Services is looking for foster parent volunteers who are able to take animals for short periods of time until they are ready to be placed for adoption. Foster care is the perfect opportunity for you and your family to learn and care for a pet without the obligation of a long term commitment. We need homes for nursing or expecting mothers or homes for convalescing surgery patients.

If you or anyone you know is interested in being a foster parent, please contact us at 905-896-5858, option 2, and ask for the Foster Care Coordinator or see the details at the bottom of this form to submit your application by mail, fax, or email.

Foster Parent Information (please print clearly)

Name	Email Address		Date
Address			Unit
City Mississauga	Province Ontario		Postal Code
Phone (home)	Phone (business)	Phone (other)	Best time(s) to contact you
Dwelling type ❑ House ❑ Townhouse ❑ Apartment ❑ Condo ❑ Other _____			Ownership ❑ Rent ❑ Own
If renting, may we contact your Landlord? ❑ Yes ❑ No	Landlord's Name		Landlord's Phone Number
Number of household members	Ages of household members (list all)		

Type of pet would you be interested in fostering? (check all that apply)

- **Cat** ❑ Cat with kittens ❑ Orphaned Kittens ❑ Surgery Patient
- **Dog** ❑ Dog with puppies ❑ Orphaned Puppies ❑ Surgery Patient

In what area of your home are you planning to keep the foster animal?

If isolating the foster animal was required would you have a suitable room in your home to accommodate this requirement? ❑ Yes ❑ No

Foster Care time frame that best suits you ❑ 2-3 weeks ❑ 6 - 8weeks ❑ 2 - 3months ❑ 3 - 6months ❑ Other _____

Have you had experience owning/fostering/caring for pets? (If yes, provide details)

Person responsible for cleaning/feeding/exercising the foster animal	Hours a day (average) the foster animal would be left alone

Pet allergies within the family (If yes, provide details) ❑ Yes ❑ No

Do you currently own a pet(s)? (If yes, list types and how many of each)

Are your pets spayed/neutered? ❑ Yes ❑ No	Are your pets up to date with vaccinations? ❑ Yes ❑ No	Date of your last tetanus vaccination

Name of Veterinary Clinic	May we contact them to confirm this information? ❑ Yes ❑ No

Prior to approval of your application a home inspection is required of all prospective foster homes. Would you agree to a home inspection? ❑ Yes ❑ No

Would you agree to routine home checks of the foster animal while it is in your care? ❑ Yes ❑ No

Would you be willing to provide food/litter for the animal if necessary? ❑ Yes ❑ No

Volunteer or Foster Applicant Signature	Date

IMPORTANT NOTE:
Volunteers are not covered under WSIB. Please remember that we do not have a medical history on our foster animals and some may carry illnesses or parasites that could be transmitted to your pet or your family. Although foster care can be a very rewarding experience it can also be difficult should an animal become critically ill as they may have to be euthanized for humane reasons.

Should a foster animal become ill while in your care you are to contact Animal Services immediately. Animal Services cannot administer veterinary care or dispense medications. If a foster parent chooses to take a foster animal to a veterinarian without the consent of Animal Services they shall assume the veterinary costs incurred.