

Vancouver Island Compassion Dogs Society

vicdfoster@gmail.com

VICD FOSTER DOG APPLICATION FORM Page 1 of 3

A. APPLICANT INFORMATION

First Name		Last Name	
Street Address		City	
Province	Postal Code	Home Phone	Cell Phone
email address		Driver's License Number	Are you over 19 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>

B. PERSONAL REFERENCE

Name	Phone Number	Relationship	How Long Known?
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C. DETAILED INFORMATION

Please complete the following questionnaire in its entirety. Our objective is to ensure good compatibility between you, your family and a pet during the time your are fostering VICD's service dog candidate. Remember that our ultimate objective is to place our dogs with veterans and train them both as a team.

1. Why do you want to foster a dog from VICD?

2. How did you learn about this opportunity?

3. How much time can you dedicate to foster care?

4. Can you foster the dog until it is placed with VICD? Yes No

5. Do you work? Yes No If yes, can you bring the dog to work with you?
Yes ____ No ____ How often in a week? _____

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6. Are you home during the day? Yes No

How many hours?

7. Are you home in the evening? Yes No

How many hours?

8. Do you have access to a vehicle? Yes No

9. Can you bring the foster dog to VICD for appointments during the day? Yes No

10. Does anyone in your household have allergies to dogs? Yes No

11. Are there any children residing in your household? Yes No

If yes, how many?

What ages (list)?

12. What type of home do you live in?

House

Apartment

Condo

Trailer

Townhouse

13. Do you rent or own? Own Rent

14. If you rent do you have your landlord's permission to have a dog? Yes No

15. Do you have a fully fenced yard?

Yes

No

Fence Type:

Fence Height:

16. Where will the foster dog spend the day?

Loose Indoors

Crate

Basement

Garage

17. Where will the foster dog sleep?

Loose Indoors

Crate

Basement

Garage

18. Are you planning any holidays this year?

Yes

No

When?

How long?

19. Are you willing to take in any VICD foster dogs short term while other foster families are on vacation?

Yes

No

20. Have you ever been charged, convicted, or investigated for animal cruelty? Yes ___ No ___

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D. CURRENT PETS - List all pets currently in your household

Type of Pet (list)	Spayed or Neutered?	Vaccination current?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

E. VICD HOME VISIT

I agree to have a VICD staff member and/or volunteer conduct a home visit prior to, during, and after the foster process. Initial here

I agree to take the Shelter Worker's Course and Test prior to receiving a VICD Foster Dog. Initial here

I agree to follow the VICD Staff and Foster Volunteer Training Program with the VICD Foster Dog. Initial here

F. SIGNATURE

I warrant and confirm that the information given in this application form is true and correct and I understand that it is being used to determine my compatibility and responsibility for the dog
 I understand that Vancouver Island Compassion Dogs Society reserves the right to refuse any applicant for any reason and/or remove the dog at any time without explanation.
 I understand that the dog remains the property of VICD regardless of the amount of time it is in foster care.
 I understand that the ultimate goal for the dog is to be placed with a veteran to train as a team.
 I understand that all fostered dogs must be on leash at all times in public and sleep indoors.
 I agree to immediately return the dog to VICD when requested.

Applicant's Signature

Date - DD/MM/YYYY

Please return the VICD Foster Dog Application Form by email to vicdfoster@gmail.com or by mail to 104-166 1st Avenue West, Qualicum, BC V9K 1G9 Attention: Foster Coordinator. Or drop it at the above address.

G. INTERNAL USE ONLY

Foster Coordinator:

Comments:

Phone: