

Georgina Animal Shelter & Adoption Centre Foster Homes

Name-							
Address-							
Phone N	umber-						
Do you h	ave any	animals a	t home? P	ease list	all informat	ion	

Can you provide vaccination certificates a	nd/ or vet phone number?		
Are your animals spayed or neutered?			
What are you interested in fostering? Plea	ase circle all that apply.		
Cats:	Dogs:		
Nursing Queens & babies	Nursing Moms & babies		
Orphans	Puppies		
Taming feral kittens	Dogs recovering for surgery		
Older Kitten Litters	Seniors / Special needs		
Cats recovering from Surgery			
Seniors/ Special needs			
Do you have children living in the home?	What ages?		

Do you have a room that can be used as an isolation or dedicated to the animabeing fostered? Please elaborate?
Have you had experience fostering before? Please elaborate.
What organizations have you fostered for?

responsibility of information.	f the foster parent. I have read and understood the above
Signature of fo	ter parent-

We will provide food and litter for the animals we ask you to foster, if you have

any medical concerns please contact the shelter. Unauthorized vetting will be the