

FOSTERING APPLICATION FORM

Contact Information:

Full Name: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Daytime Phone Number: _____
Evening/Weekend Phone Number: _____
Email Address: _____

Living Accommodations:

Rent Own other: _____ Does your Landlord allow pets? _____
Do you have a fenced Yard? _____ Are your windows Screened? _____

Describe in detail where the foster Yorkshire terrier would stay _____

Do you have any children? _____ If yes what are their ages? _____

Does anyone in your house Have allergies _____ If yes how will you cope? _____

Do you have other pets? _____ If yes how many? _____

Breeds? _____ Sexes? _____ Ages? _____

Are your pets Spayed?Neutered?

Any behavioural concerns? _____ If Yes Explain: _____

Any Chronic Illness? _____

If yes explain: _____

Can you keep them separated? _____

Have you ever taken training Classes? _____

Do You: Work _____ School _____ Home _____

If you work or go to school is it Full Time _____ Part Time _____

What is your availability?

What arrangements would you make when you are not Home? _____

If you live with others are they also willing?

Adult Dog _____ Injured Adult Dog _____ Sick Adult Dog _____ Injured Young
Dog _____ Sick Young Dog _____ Mother & Puppies _____ Orphaned puppies _____
Pregnant dog _____ Dogs with Behaviour Issues _____ -

In what areas are you willing to volunteer:

Website ___ Publicity ___ Rescue Contact ___ Committee ___
Events ___ Rescue Chain ___

Other (please specify):

References:

Full Name: _____ Phone # _____

Full Name: _____ Phone # _____

Veterinarian:

Full Name: _____ Phone # _____

I _____, have agreed to become a Foster volunteer for Canadian Yorkshire Terrier Association Rescue (CYTAR).

I agree to abide by all policies and procedures of CYTAR.

Should a dispute arise, I understand that the Rescue Committee will have the final say and I will abide by that ruling.

I understand that any information about a rescue Yorkie pertaining to its pedigree, previous owner(s) or breeder(s) is confidential and I will not share this information with any one other than the Rescue Committee.

If I am not able or willing to carry out my duties as a volunteer I will inform the Chair and resign my position.

Signature: _____

Date: _____

Do you have a vehicle that you would be willing to transport a rescue or rescues in?
Yes No

Please print the form above and fill it in. Save it on your computer and email it to cyta1978@yahoo.ca

Thank you for your interest in helping to save a precious life.