



**Harvest Sky**  
Animal Rescue

Email: harvestskyrescue@gmail.com

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P.O. Box 2126  
Hanna, AB T0J 1P0  
**403.854.3700**

www.harvestskyrescue.ca

## Foster Care Application

### Contact Information:

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

### Please provide 3 references: (co-workers, veterinarian, pet-sitters, etc)

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

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Relationship: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

### Questionnaire:

1. Housing status

Own

Rent

Other: \_\_\_\_\_

Landlord name & Phone number (if applicable) \_\_\_\_\_

2. Are you allowed to house animals? **Y N** \_\_\_\_\_

a. What kind? \_\_\_\_\_

b. How many? \_\_\_\_\_

3. Do all adult members of the household want to foster? **Y N** \_\_\_\_\_

4. How many children live in your home and what are their ages? \_\_\_\_\_

5. Would you be willing to care for a pet that is ill and/or needs medication or is disabled in some way? **Y N** \_\_\_\_\_



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**Personal Pet Profile:**

Type	Breed	Sex	Age	Up-to-date Vaccinations	Spayed/neutered

Do any of these pets have special needs treated? \_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my foster status. I acknowledge that this application remains the property of the Harvest Sky Animal Rescue Society and I authorize them to conduct an on-site inspection of the premises where the animal will be kept.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The information on this application is strictly confidential and will not be shared with anyone outside the Harvest Sky Animal Rescue Society unless permission is granted by the applicant.*