

# FOSTER FAMILY REQUEST FORM

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## PERSONAL INFORMATION

MAIN CAREGIVER				
First Name	Last Name			
Phone number				
Cell: Residenti	al:			
Date of birth yyyy/mm/dd	E-mail			
//				
Address (Civic number, street, appt*)Size of appt (if applicable) : $\Box 2\frac{1}{2}$ $\Box 3\frac{1}{2}$ $\Box 4\frac{1}{2}$ $\Box 5$				
City Drovinco	Postal Code			
City, Province	Postal Code			
First and Last name of guardian/Parent *(if younger than 18)	Phone number of guardian *(if younger than 18)			
Work 🗆 Full	time 🗆 Part time			
If you are a student, name and phone number of the insti	tution *			
SECONDARY	CAREGIVER			
First Name	Last Name			
Phone number				
Cell: Residential:				
Date of birth yyyy/mm/dd	E-mail			
//				
Address (Civic numbe, street, appt)				
City, Province	Postal Code			
First and Last name of guardian/Parent *(if younger than 18)	Phone number of guardian *(if younger than 18)			
Work				
If you are a student, name and phone number of the institution.*				

INTERNAL USE

## QUESTIONNAIRE

FAMILY SITUATION					
Do you have children? If yes, how many, and how old?					
Have you ever had a dog?  □yes □no					
If so, what type of dog and when					
Do you have pets at home? If yes, specify.					
Specie :Age :Gender : Neutered : 🗆 yes 🛛 no					
Specie : Age :Gender : Neutered : 🛛 yes 🛛 no					
Specie :Age :Gender :Neutered : 🗆 yes 🛛 no					
<b>PHYSICAL ENVIRONMENT</b> This information will allow us to evaluation the service dog's futur environment area in which it will develop.					
Type of area: 🗆 City 🗆 Suburbs 🗆 village 🔤 Country					
Type of residence:					
Are you :					
Is the yard fenced? □yes □no					
Average car speed (km/h) : $\Box$ 30 and less $\Box$ 30-50 $\Box$ 50-70 $\Box$ 70 and more					
Level of car circulation:					
GENERAL INFORMATION					
Can you drive to the Asista Foundation's office on week days/nights?					
How did you hear about Asista?					
What are the reasons that motivate you to be a foster family?					

What are your ex	pectations as f	far as being a	foster family	for a dog ir	n training?

How will you assure a constant presence? (the dog cannot be left alone for more than 4 hours)

Describe a typical day according to your lifestyle.

Are you able to stimulate the dog to various environments? (stores, restaurants, the city, transports, etc.)

If the dog can accompany you at work, describe a typical day.

## **INFORMATION**

Your role and involvement:

- Foster a puppy/dog on a period that can go from 6 months to 1.5+ years and can be emotionally attaching.
- Frequent visits to the foundation located in Laval for behavior follow-ups. (Frequent is described as minimum 1x a month)
- Visits for veterinary care.
- Regular sessions given by the professionals of the foundation, particularly in terms of training and socialisation.
- Any family commit to respect the obligations related in conformity with the mission of the foundation and within the respect of its values.

The dog is the property of Asista Foundation. All food, <u>basic</u> accessories and veterinary bills are covered by the foundation. It is essential to understand that having a service dog in training is a process to which the foster family has to take part in and collaborate.

Must be attached with the application:

- $\checkmark$  Letter from the owner (if applicable)
- $\checkmark$  Letter from the employer (if applicable)

### PLEASE READ CAREFULLY BEFORE CHECKING OFF AND SIGNING

**Point 1:** It's important that you and people investing themselves into the foster family program understand the time and investment needed to join in the Asista Foundation's foster family program. The success of any dog requires commitment from the foster family. Our team offers a certain level of training and coaching to all foster families accepted into the program. These training sessions take place weeknights at the Centre Vétérinaire Laval. You will need to travel to the Centre Vétérinaire Laval a minimum of once every 2 weeks for a determined timeframe and according to your needs. This timeframe can range between a few weeks to a few months.

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#### I certify that I have read the information in point 1 $\Box$ (check $\checkmark$ )

**Point 2**: Given the nature of our mission, working with shelters and different partners, we do not know when for certain we'll receive a potential candidate. When applying as a foster family, you are typically not applying to foster a specific dog, but rather an inventory for future dogs needing a foster family. Some families wait for a couple of months and others up to a year.

#### I certify that I have read the information in point 2 $\Box$ (check $\checkmark$ )

Once we have received your application all information concerning your file is strictly confidential. Please understand that the evaluation of your application by the committee requires a reasonable amount of time and the Asista Foundation cannot estimate the delays in treating your file.

# By signing this form, you attest that all information supplied is correct and authorize the Asista foundation to conduct a criminal background check. We have read and understand the two (2) points listed in the present document.

Main Caregiver signature (If 18 years and older)

Secondary Caregiver #1 signature

Parent/guardian signature (if foster family applicant is a minor)

We thank you for your interest. Only selected applications will be contacted.

#### SEND THE APPLICATION BY MAIL OR E-MAIL.

info@asista.ca

Asista Foundation – Foster Family 4530, Highway 440 Laval, Québec, H7T 2P7 Date (yyyy-mm-dd)

Date (yyyy-mm-dd)

Date (yyyy-mm-dd)

ANNEXE



## **OWNER'S AUTHORIZATION FORM**

Sir, Madam,

This is to inform you that your tenant has made an application to become a foster family for a puppy/dog from Asista Foundation.

Our puppies/dogs are placed temporarily in volonteer foster families. Those families are responsable to socialize the puppy/dog in order to prepare it to a service dog training. The work carried out by those foster families is essential to us.

Your agreement, as the owner of the premises, is crucial for the realisation of the project : this is why we are asking you to fill out this form. Don't hesitate to contact us for more information.

We thank you for your collaboration,

The Asista Foundation

□ I agree with this projet

 $\Box$  I do not agree with this project for the following reasons:

Name :	Phone number()
Signature :	Date / / yyyy mm dd