PROCYON WILDLIFE REHABILITATION AND EDUCATION CENTRE
Working For Wildlife

FOSTER PROGRAM APPLICATION

Date: _____

(Please Print)

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: Home _____ Cell _____

email: _____

Over age 18: Yes ☐ No ☐

Vacinations: Rabies: Yes *(date)* _____ No _____

(Vaccinations are not mandatory; however, you will be restricted from working with rabies species(RVS) animals such as foxes, skunks and coyotes.

Tetanus (Within the last 10 years): _____

Written & Passed MNR RVS Test: Yes ☐ No ☐

Please read, review and sign the other side of page acknowledging that I understand and will comply to all the rules and regulations outlined regarding Procyon Wildlife Foster Care Program.

Return this application to:

Procyon Wildlife
6441 7th Line
Beeton, Ontario L0G 1A0

or by email as a MS Word Document or as an Adobe PDF file with an electronic signature embedded to lindam@procyonwildlife.com

IN SIGNING THIS APPLICATION, I HEREBY STATE THAT UPON MY ACCEPTANCE AS A FOSTER CARE GIVER AT PROCYON WILDLIFE, I FULLY UNDERSTAND AND DO AGREE TO THE FOLLOWING:

Please Initial

_____ *I will act as a temporary foster, under **Procyon Wildlife.** **Procyon Wildlife** has primary responsibility for the rehabilitation and/or care of the animal. I am a secondary caregiver working under the direct supervision of the Animal Care Coordinator.*

_____ *As a Foster care giver, I must be committed to giving the animal all the supportive care that is required and understand that there is a risk that I may be scratched, bitten, or may come into contact with a diseased animal.*

_____ *I agree to allow access to my premises for site inspections anytime from the MNR and/or **Procyon Wildlife**. I will keep my own accurate logbook records of all wildlife in my care and allow access to MNR and/or **Procyon Wildlife** when requested. I will also provide weekly updates to the Animal Care Coordinator.*

_____ *All animals to be fostered must be arranged by the Animal Care Coordinator. All Veterinary appointments will be arranged by the Animal Care Coordinator. Under **NO** circumstances is a Foster Care giver allowed to admit animals on their own. An admission form must be obtained prior to or at time of intake with a hard copy to remain at **Procyon Wildlife**.*

_____ *I understand that all **Procyon Wildlife** information given to me and all information that I may be privy to in the course of my foster work is of a confidential nature and protected by privacy legislation (PIPEDA). I agree not to disclose to any individual or group, any information regarding any persons, other volunteers, members of the public, procedures, policies or activities of **Procyon Wildlife** that may be made known to me during the course of my Fostering. Do NOT contact or seek outside advise before consulting with the Animal Care Coordinator.*

_____ *I understand that it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures and policies in the same manner as a volunteer of **Procyon Wildlife** would be required to do. The Animal Care Coordinator will determine what type of care, caging, food & medication is required for the fostered animal.*

_____ *I recognize that as a foster care giver it is imperative that I attend **ALL** the appropriate training and complete **ALL** exams that are required to foster animals for **Procyon Wildlife**.*

_____ *I understand that when I am performing duties as a Foster Care giver for **Procyon Wildlife**, I will **NOT** allow friends or family members to feed or care for the animals. If I cannot care for the fostered animal, I will **NOT** find a replacement or transfer to another Foster Care Giver, I must return the animal to **Procyon Wildlife** immediately.*

_____ *I understand that I am working for **Procyon Wildlife** as an unpaid volunteer and do not anticipate or expect any paid employment or reimbursement.*

_____ *All caging, medications, food & equipment needed must be assigned and documented before leaving the **Procyon Wildlife**. We encourage fosters to invest in their own personal caging to prevent shortages at **Procyon Wildlife**. All assigned supplies, charts and the fostered animal are to be returned upon the discretion and request of the Animal Care Coordinator.*

_____ *All animals admitted to **Procyon Wildlife** are under veterinary care and decisions will be made by the Veterinarian or Animal Care Coordinator if euthanasia is required due to poor quality of life, not releasable or health related issues.*

_____ *Social media, pictures, videos and posts of fostered animals for **Procyon Wildlife** must not mention or have a description of care, condition or location as well as all appropriate PPE must be worn when handling fostered animals. No pictures of cuddling, kissing, inappropriate handling etc. are allowed.*

In case of emergency or any other situation that may arise, please contact Animal Care Coordinator to bring the fostered animal back to Procyon Wildlife

Applicant's Signature & Date: _____

NOTE: Foster Care Givers will be assigned according to the needs of the animal matched with the best possible use of the individual's level of skills and knowledge.