

FOSTER FAMILY REQUEST FORM

GENERAL INFORMATION

- ◆ Main care giver: _____
- ◆ Driver's licence #: _____ social security # _____
(This information will remain confidential)
- ◆ Secondary care giver: _____
- ◆ Driver's licence #: _____ social security # _____
(This information will remain confidential)

Pouvons-nous communiquer avec vous en français? _____
(Can we communicate with you in french? _____)

Address: _____
City: _____ Province: _____
Postal code: _____

Home phone: () _____
Office phone, main care giver: () _____
Office phone, secondary care giver:: () _____
e-mail : _____

Occupation and place of employment of main care giver:

Full time — Part time —

Occupation and place of employment of secondary care giver:

Full time — Part time —

If you are a student, please provide the name and phone number of one or both parents as well as the name of the institution at which you are registered as a student:

FAMILY SITUATION

Do you have children? ____ How many? ____ How old are they? ____

Do you already own a dog? yes — no —

Do you have other pets at home? ____

Species: _____ age: ____ sex: ____ sterilized: ____

Species: _____ age: ____ sex: ____ sterilized: ____

Species: _____ age: ____ sex: ____ sterilized: ____

PHYSICAL ENVIRONMENT

The following information will allow us to better understand the environment in which the puppy will be brought-up:

◆ Home environment: - City ____ - Suburb ____

- Village ____ - Country ____

◆ Type of home: - House ____ - Duplex ____

- Apartment ____

- Other _____

◆ Fenced yard? yes — no — (excluding cedar hedges)

◆ Do you own your home — or are you a tenant —

If you are a tenant, please ask your landlord to fill-out the attached authorization form.

▪ Traffic in your neighbourhood: Busy ____ Average ____ Low ____

◆ Average speed : Less than 30 km/h _____

30-50 km/h _____

50-70 km/h _____

More than 70km/h _____

◆ Incidence of heavy traffic:

High ____

Average ____

Low ____

YOUR IMPLICATION

- ◆ Will you be able to go to the Mira Foundation headquarters on weekdays?

5 foster family meetings: Group sessions.

3 visits with the vet (vaccines):

For the 9 and 13 weeks vaccines: Wednesday or Thursday mornings.

For the 6 months vaccine: Monday, Wednesday or Thursday.

- ◆ How did you hear about Mira?

- ◆ Why do you want to be a foster family?

- ◆ What are your expectations?

- ◆ How do you plan to ensure that the puppy is never left alone?
(The puppy cannot be left alone for more than 4 hours a day)

- ◆ Will you be able to regularly introduce the puppy to different social environments (shopping malls, restaurants, urban settings, etc.)? Describe a typical day in regards to your lifestyle.

- ◆ Describe the environment in which your dog will evolve if it accompanies you to your workplace.

I understand the underlying conditions to become a foster family for Mira and I attest that the information provided is true.

Signature, main care giver

Signature, secondary care giver

LANDLORD AUTHORIZATION FORM

Sir, Madam,

The following is to inform you that your tenant has put-in a request to become a foster family for a puppy from Fondation Mira.

As you must know, our puppies are temporarily placed with volunteer foster families. These families are asked to socialize a puppy in order for it to one day become a guide or service dog. The work done by these families is essential to us.

We need your consent in order to realize this project and that is why we ask you to fill-out this form. Please feel free to contact us if you need further information.

Thanks for your collaboration,

Sylvie Baillargeon
Coordinator, foster family project

◆ I agree with this project.

◆ I disagree with this project for the following reasons:

Name: _____

Phone number: _____

Landlord's signature: _____
