



WINGS FOSTER PARENT QUESTIONNAIRE

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ CELL: _____

EMAIL: _____

OF ADULTS LIVING IN HOME: _____

OF CHILDREN AT HOME: _____ AGES: _____

WINGS REHABILITATION CENTRE

Wings Foster parents are caring individuals who take wildlife orphans into their own homes, providing wildlife care during different stages of their physical development. Some prefer to serve as nursing caregivers for our bottle or syringe fed neonates, while others accommodate juveniles in spacious outdoor caging until wildlife is deemed ready for release. Please indicate which species you would be willing to care for:

Orphan Species	Life-Stage Indoor Caging	Juvenile Life-Stage Outdoor Caging
<input type="checkbox"/> Squirrels	<input type="checkbox"/> Nursing – Weaning	<input type="checkbox"/> Self-feeding – Release
<input type="checkbox"/> Raccoons	<input type="checkbox"/> Nursing – Weaning	<input type="checkbox"/> Self-feeding – Release
<input type="checkbox"/> Cottontails	<input type="checkbox"/> Nursing – Weaning	<input type="checkbox"/> Self-feeding – Release
<input type="checkbox"/> Opossum	<input type="checkbox"/> Nursing – Weaning	<input type="checkbox"/> Self-feeding – Release
<input type="checkbox"/> Songbirds	<input type="checkbox"/> Nestling/Fledgling	<input type="checkbox"/> Self-feeding – Release
<input type="checkbox"/> Water Birds	<input type="checkbox"/> Duckling/Gosling	<input type="checkbox"/> Self-feeding – Release

Living Accommodations (circle)

Rent Own Single Dwelling Duplex/Townhouse Apartment

If renting, does your landlord allow animals? Yes No

Wings will not be responsible if wildlife being fostered should damage or destroy property belonging to the caregiver, or shall transfer any disease or internal or external parasites to any animals belonging to the Foster Parent . Do you agree?

Yes No

The Foster Parent will notify Wings immediately as to any health, behavioral or development problems occurring with the wildlife being fostered. Wings reserves the exclusive right to determine the proper course of action to take upon such notification. Will you abide by this decision?

Yes No

5281 MIDDLESIDE ROAD, RR 4
AMHERSTBURG, ONTARIO
CANADA N9V 2Y9
519-736-8172



EMAIL:
wingsrehabcentre@gmail.com

WEB:

Foster Parent Questionnaire Continued

The number of animals housed by a Foster Parent will be determined by agreement between the caregiver and Wings Animal Overseer. Considerations for capacity include physical space, financial considerations and preferences of both the Foster Parent and Wings. The physical space must provide floor space, vertical space, ventilation, light and temperature adequate for a healthy, humane and enriched habitat environment for wildlife. Do you agree?

Yes No

The foster space must provide security against the loss of foster animals or the intrusion of any outside animals into the caging area. Open windows must be securely screened, and outdoor caging must be kept under lock and key. Will this be a problem?

Yes No

As a Foster Parent, do you understand that you do not have any right or authority to keep or place fostered wildlife in other homes or with other individuals, unless permission to do so is first given by Wings Animal Overseer?

Yes No

When was your last tetanus shot? _____

The Foster Parent must provide adequate food, water, shelter, caging, enrichment and humane treatment of any wildlife entrusted to their care. In addition, the caregiver must adhere to all local and provincial animal laws, including conditions outlined by the MNR under Wings Wildlife Custodian Authorization. Will you respect this?

Yes No

Are you willing to keep wildlife supplies in your home and wear safety equipment when handling your wildlife orphans? Please be courteous and notify us in advance if you are running low on formula or other supplies. Don't wait until the last minute, as supplies might have to be re-ordered, and that takes time.

Yes No

Are you prepared to record the progress of your wildlife orphans, including information on weight gain, eyes and ears opening, any medical problems, amount of formula taken, eliminations, weaning diet and foods eaten, vaccinations given, and other milestones that will be met by your orphan?

YES NO

Do you have any household pets? Yes No

Have they been vaccinated, including rabies? Yes No

Do you understand that domestic animals and wildlife share diseases which can be passed from one species to another? There should be no physical contact between wildlife and your domestic animals. All foster parents must have the ability to isolate wildlife from their personal pets. Do you have an area of your home where you can provide a safe, clean, secure and protected environment where you can keep your wildlife orphans? Yes No

Where? _____

Would you be willing to attend hands-on training sessions at Wings with the species you have chosen to foster?

Yes No

Foster Parent Questionnaire Continued

Is it the responsibility of the foster home provider to monitor each wildlife for the presence of fleas, parasites, diarrhea, vomiting, sneezing, watery eyes, not eating, lethargy and neurological or other abnormal symptoms?

Yes No

Wildlife submissions should never be subjected to human handling by anyone other than the primary caregiver. Will you abide by this condition?

Yes No

Is it understood that all wildlife must enter the receiving home through Wings normal intake procedure? If a foster parent decides independently to intake an animal on an emergency or other basis, prior consent must first be given by Wings Animal Overseer.

Yes No

Is it agreed that all food, caging, and equipment supplied or financed by Wings will remain the property of Wings? When no longer required, all items will be returned to Wings by the Foster Parent.

Yes No

Do you understand and acknowledge that Wings Animal Overseer reserves the right to determine the proper treatment, major medical decisions, outcome and disposition of all fostered wildlife?

Yes No

Do you realize that Wings is responsible to the Ontario Ministry of Natural Resources and Canadian Wildlife Services for all wildlife entrusted to our care and we must abide by their rules and regulations regarding in-captivity wildlife? All negative actions of a Foster Parent will reflect badly on our permit authorizations.

Yes No

From time to time you may be asked to bring your fostered orphans to Wings Head Office or the Species Coordinator's home for check-ups, weighing, and vaccinations (if required). Will this present a problem?

Yes No

The foster home must abide by the recommendations and advice of Wings Animal Overseer or Wildlife Coordinator regarding isolation of sick or injured orphans from other wildlife being housed on the premises, even if it means transferring the orphan to Wings Critical Care. Do you agree?

Yes No

Wings reserves the right to terminate this agreement at any time it is deemed that wildlife is not receiving appropriate care. Is it understood that all wildlife animals will be returned to Wings upon termination of this agreement.

Yes No

Volunteer Signature: _____

Wings Signature: _____

Date: _____



Name of Foster Care Giver

Last	First	Middle
------	-------	--------

Mailing address

Street No.	Street Name	Unit No.
------------	-------------	----------

City / Town / Municipality	Province	Postal Code
----------------------------	----------	-------------

Location of foster care facility

Street No.	Street Name	Lot, Conc.
------------	-------------	------------

City, Township, Municipality

Name of Wildlife Custodian

Last	First	Middle
------	-------	--------

Location of wildlife custodian facility

City, Township, Municipality	Authorization No.
------------------------------	-------------------

Agreement Dates

Effective Date	Expiry Date (generally same as expiry date for Wildlife Custodian Authorization that this agreement is designated under)
----------------	--

I, _____, agree to act as an agent, also known as a foster care giver, under the Wildlife Custodian Authorization of _____.

I understand that:

- 1) I must attach to this agreement, at the time I sign it, a legible map that outlines the portion of my property that will be used as the foster care facility;
- 2) as an agent of a wildlife custodian I must allow MNR to inspect the portion of my property that is being used as a foster care facility;
- 3) I cannot provide rehabilitation or care for rabies vector species until I successfully complete the mandatory RVS training and examination;
- 4) as an agent of a wildlife custodian I must follow the conditions of the Wildlife Custodian Authorization; and
- 5) I will keep at my foster care facility a true and accurate logbook of all game wildlife and specially protected wildlife received at my facility.

Name of Foster Care Giver (please print)	Signature	Date (YYYY/MM/DD)
--	-----------	-------------------

Name of Authorized Wildlife Custodian (please print)	Signature	Date (YYYY/MM/DD)
--	-----------	-------------------