



# WINGS RECEIVING HOME QUESTIONNAIRE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CROSS STREET: \_\_\_\_\_ N S E W Side of \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## Living Accommodations (circle)

Rent      Own      Single Dwelling      Duplex/Townhouse      Apartment

If renting, does your landlord allow animals?     Yes     No

How many adults are living on your premises? \_\_\_\_\_

Do you have any children living at home?     Yes     No    Ages: \_\_\_\_\_

During the day are you at:     Home     Work

If you work, is it:     Full-time     Part-time    Hours: \_\_\_\_\_

Time availability for accepting incoming wildlife: \_\_\_\_\_

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 or visual contact between wildlife and your domestic animals. All receiving homes 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 for incoming wildlife submissions?     Yes     No

Where? \_\_\_\_\_

Briefly describe some of the experience and skills that you feel will make you a good wildlife receiving home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WINGS REHABILITATION CENTRE

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



EMAIL:  
wingsrehabcentre@gmail.com

WEB:

Would you be willing to attend training sessions at Wings?  Yes  No

Wildlife submissions should never be subjected to human handling by anyone other than the primary volunteer, and only what is absolutely necessary to provide stabilization and first aid until transport can be arranged to Wings Head Office. Do you agree with this condition?

Yes  No

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

Yes  No

Will you notify Wings immediately of any medical issue with incoming wildlife that requires immediate transport into critical care?

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 wildlife submitted into the care of our organization?

Yes  No

I am aware that Wings assumes no responsibility for any damage done to my property by the wildlife I have agreed to accept on their behalf.

Yes  No

Will you feel comfortable evaluating each animal for the presence of fleas, other external parasites, diarrhea, vomiting, hypothermia, sneezing, watery eyes, malnourished body condition, lethargy and neurological or other abnormal symptoms?

Yes  No

Will you wear safety equipment if it becomes necessary to handle a wildlife orphan?

Yes  No

When was your last tetanus shot? \_\_\_\_\_

Are you prepared to do a small amount of paperwork by recording vital pre-submission information, point of capture, animal's condition and the finder's contact information on a Wings Intake form?

Yes  No

It is 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 receiving home volunteer.

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 volunteer will reflect badly on our permit authorizations.

Yes  No

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Volunteer Signature: \_\_\_\_\_ Wings Signature: \_\_\_\_\_ Date: \_\_\_\_\_



<b>Name of Foster Care Giver</b>		
Last	First	Middle

<b>Mailing address</b>		
Street No.	Street Name	Unit No.
City / Town / Municipality		Postal Code

<b>Location of foster care facility</b>		
Street No.	Street Name	Lot, Conc.
City, Township, Municipality		

<b>Name of Wildlife Custodian</b>		
Last	First	Middle

<b>Location of wildlife custodian facility</b>		Authorization No.
City, Township, Municipality		

<b>Agreement Dates</b>	
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)
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Name of Authorized Wildlife Custodian (please print)	Signature	Date (YYYY/MM/DD)
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