



FOSTER CARER APPLICATION

NAME _____

ADDRESS _____

TELEPHONE NUMBERS: HOME _____

WORK _____ MOBILE _____

EMAIL ADDRESS _____

TYPE OF ANIMAL YOU WISH TO FOSTER: CAT SMALL/LARGE DOG BOTH

PREFERENCE BREED _____

ACCOMMODATION: UNIT DUPLEX HOUSE

DO YOU OWN THIS PROPERTY? YES NO

LANDLORD DETAILS: _____

DO YOU HAVE PERMISSION TO HAVE PETS? YES NO

YARD: HIGH/LOW FENCED LARGE SMALL ACREAGE

DO YOU WORK? YES NO

HOW MUCH TIME CAN YOU SPEND WITH THIS ANIMAL EACH WEEK?

LESS THAN 10 HRS 10-20 HRS 20-40 HRS MORE THAN 40 HRS

WHERE WILL THE ANIMAL BE HOUSED? INDOORS OUTDOORS

ARE YOU PREPARED TO KEEP CAT INDOORS FOR MINIMUM 2 WEEKS AT BEGINING OF

FOSTER PERIOD AND EVERY NIGHT? YES NO

DO YOU HAVE ANY OTHER PETS? YES NO

PET DETAILS, SEX & AGES: _____

HOW MANY CHILDREN? _____ AGES _____

DO YOU HAVE EXPERIENCE IN DOG OBEDIENCE TRAINING? _____

ARE YOU PREPARED TO GROOM, TRAIN AND EXERCISE OUR FOSTER DOG? _____

ARE ALL YOUR FAMILY MEMBERS COMFORTABLE ABOUT FOSTERING OUR ANIMALS?

YES NO

PLEASE EXPRESS CONCERNS _____

CAN YOU TRANSPORT YOUR FOSTER ANIMAL TO ANY PROMOTIONAL ACTIVITIES WHEN

POSSIBLE? YES NO



FOSTER CARER AGREEMENT

I/We understand that the foster animal(s) are the sole property of Friends of the Pound and agree to return the foster animal(s) to the Friends of the Pound upon request.

I/We agree to provide the foster animal(s) with a loving and secure temporary home. This includes maintaining the animal(s) in good health, providing the animal(s) with adequate high quality food, fresh water at all times, a soft comfortable bed, training, guidance, regular supervision and unlimited love, affection and patience.

I/We agree to care for the foster animal(s) as requested by Friends of the Pound and agree to regular monitoring of the fostering process by the Friends of the Pounds Foster Care Co-ordinator.

I/We agree to report any injuries to the foster animal(s), or incidences where the animal(s) is at risk, to the Friends of the Pound Foster Co-ordinator as soon as possible.

I/We understand that Friends of the Pound will provide all necessary veterinary care and equipment for the foster animal(s) and that any veterinary care is to be carried out by the veterinarian approved by Friends of the Pound, except in an extreme emergency.

I/We understand that the foster animal(s) must be kept in such a manner as to comply with the NSW Companion Animals Act 1998.

I/We accept full responsibility for the foster animal(s) whilst in my/our care. Friends of the Pound will not accept responsibility for any damage caused by the foster animal(s) whilst in their foster home.

I/We understand that by signing this form and paying the applicable membership fee I/We become a member of Friends of the Pound Tweed Inc.

I have read the above Foster Carer conditions and agree to the conditions stated in the agreement and that my personal details on Foster Carer Application are true and correct

SIGNED _____

PRINT FULL
NAME(S) _____

DATE OF AGREEMENT _____

FRIENDS OF THE POUND
P O BOX 260
MURWILLUMBAH NSW 2484
TELEPHONE - 07 55248590

MEMBERSHIP CATEGORY **PENSIONER/SINGLE/FAMILY** **DATE PAID** _____