



## Foster Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ day: \_\_\_\_\_ evening: \_\_\_\_\_ mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Why would you like to be involved in the foster program? \_\_\_\_\_

### Which animals are you interested in fostering?

- |                         |                          |                         |                          |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Kittens                 | <input type="checkbox"/> | Puppies                 | <input type="checkbox"/> |
| Cats with kittens       | <input type="checkbox"/> | Bitches with puppies    | <input type="checkbox"/> |
| Injured cats or kittens | <input type="checkbox"/> | Injured dogs or puppies | <input type="checkbox"/> |
| Sick cats or kittens*   | <input type="checkbox"/> | Sick dogs or puppies*   | <input type="checkbox"/> |
| Large animals           | <input type="checkbox"/> | Rabbits and guinea pigs | <input type="checkbox"/> |

\*Ideally this option should be chosen only if no other like animal is housed on your property.

### What pets do you have at home?

Dogs: Males \_\_\_\_\_ Females \_\_\_\_\_ Ages \_\_\_\_\_ Vaccinated Y/N \_\_\_\_\_ Desexed Y / N \_\_\_\_\_

Cats: Males \_\_\_\_\_ Females \_\_\_\_\_ Ages \_\_\_\_\_ Vaccinated Y/N \_\_\_\_\_ Desexed Y / N \_\_\_\_\_

Other pets \_\_\_\_\_

Veterinarian's name \_\_\_\_\_ Phone number \_\_\_\_\_

Veterinarian's Email: \_\_\_\_\_

May we contact your vet for a reference? Y / N

Have you fostered an animal before? Y / N  
If yes please describe the animal and the situation \_\_\_\_\_

Have you owned other animals (not listed above) in the past 5 years? Y / N  
What happened to those animals? \_\_\_\_\_

Do you rent your house/apartment? Y / N  
If yes, do you have the landlord's permission to keep animals inside the house? Y / N  
Landlord's name \_\_\_\_\_ Phone number \_\_\_\_\_

Do you consent to us calling your landlord? \_\_\_\_\_

Do ALL household members agree to you fostering animals? Y / N

Please list any special facilities you have for foster animals? (E.g. cage for confinement or separate area in house such as a laundry or spare room) \_\_\_\_\_

Where will your foster pets be kept when you are at home? \_\_\_\_\_

When you are NOT at home? \_\_\_\_\_

How many hours each day are you away from home? \_\_\_\_\_

Do you have children? Y / N If yes, what ages are they? \_\_\_\_\_

Have you ever had an animal in your house with a contagious disease? E.g. Snuffles, feline enteritis, parvovirus, ringworm, Cat Flu, Kennel Cough Y / N  
If yes please give details \_\_\_\_\_

Our vet is at the Centre on a Monday , Wednesday & Friday at 2pm. Are you able to transport your foster animals and supplies to and from these appointments? Y / N

Are you able to medicate your fosterlings if necessary? Y / N

How long are you able to foster the animals for? \_\_\_\_\_

### **Dog and puppy fostering**

Do you have a fenced or secure area where foster dogs or puppies can be confined? Y / N

How many puppies can you comfortably accommodate? \_\_\_\_\_

Do you have any previous experience in the care of dogs or puppies? Y / N  
If yes please give details \_\_\_\_\_

Would you be willing to allow an SPCA representative to make a home visit at a mutually agreed time?  
Y / N

<b>For Whangarei SPCA office use</b>
Landlord check
Date of property inspection
Date of vet reference check
Date of foster orientation
Comments
Fido check



**FOSTER PARENT AGREEMENT**

**RETAIN THIS COPY FOR YOUR RECORDS**

Whangarei SPCA does not accept any liability for any direct or consequential damages arising out of this foster care agreement.

1. The animal(s) shall remain the sole property of Whangarei SPCA.
2. The animal(s) shall be returned to Whangarei SPCA upon request, or if I am no longer able to adequately care for them.
3. I accept the Society may wish to inspect my property at any time.
4. Should the Society be concerned about the treatment or care of the fostered animals they will be removed from my possession.
5. I agree to transport the fostered animals to the shelter when required by the Whangarei SPCA including attending veterinary appointments when necessary.
6. I understand that I do not have any right or authority to keep or place foster animal(s) in other homes or with other individuals. All arrangements must have the prior approval of, and be made through the foster co-ordinator.
7. I agree to provide food, water, shelter and TLC to the foster animal(s) and to follow all medical/feeding and other instructions.
8. I understand I must make arrangements with the foster co-ordinator before bringing the fostered animals in for treatment or to be returned.
9. I understand that all foster animals should be confined to areas away from my own pets for at least the first 10 days, especially for the same species.
10. I understand that many viruses have an incubation period of 7-14 days, and I understand that my own pets may be at risk of contracting a contagious virus. I accept that risk and the responsibility of treatment of my own pets if necessary, at my own expense. In the unfortunate circumstances that my foster animals contract a virus (such as parvo virus) I understand that I may have a stand down period of up to 12 months. Before rejoining the foster programme This applies to cases such as parvo virus (dogs/puppies) and ringworm.
11. Whangarei SPCA does not accept responsibility for damages done to property by foster animal(s) and that if my own pet /s becomes unwell due to contact with the foster animal/s then I will not expect the Whangarei SPCA to treat or to pay for my own pet/s vet bills.
12. I understand that in the event of illness or medical treatment needed for my foster animal(s), Whangarei SPCA veterinarians must be used.
13. I understand that in some circumstances Whangarei SPCA may decide that euthanasia is necessary, and I agree to abide by this decision.
14. I agree to not leave young children unsupervised with these animals.
15. I agree to return any food, supplies and equipment to Whangarei SPCA on completion of fostering.
16. I understand I must call the Foster Co-ordinator before bringing my foster animal(s) in for adoption or treatment.
17. This contract will remain in force while I am fostering animals on behalf of the Whangarei SPCA and it may be revoked at any time by either party.
18. I understand all time schedules for the return of foster pets are dependant upon space available in the shelter. I know that making 'room' for fostered animals could defeat the purpose of the entire programme and that sometimes this may cause delays in being able to return the animals to the SPCA.

I ..... Agree to and will abide by these conditions for Whangarei's SPCA Foster Programme.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if applicant does not own the home) \_\_\_\_\_ Date \_\_\_\_\_

23/07/2008



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