

**FOSTER CARER APPLICATION FORM**

**Email:** perthchihuahuarescue@yahoo.com.au

Or **MAIL**ATTN Gabby
PO BOX 342 Willeton WA 6955

**APPLICANTS DETAILS**

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| --- |
| First Name/s: |
| Last Name: |
| D.O.B.(dd/mm/yyyy) |
| Street Address:(where the dog will be living) |
| Suburb, State, Postcode: |
| Phone: |
| Mobile: |
| Email: |
| Type of Dwelling: (House, Apt etc) |
| If you need to leave the dog forholidays or illness, where wouldthe dog go? |
| Current Employment:(teacher, nurse etc) |
| Type of Employment:(full time, part time, casual) |
| Drivers Licence Number: |
| Police Clearance (if you have one) |

**REFERENCES**

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| Personal Reference:Phone Number: |
| Vet Reference:(if you use a vet for your own pet) |

**HOUSEHOLD DETAILS**

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| Number of people living with you?Ages of Children? |
| How many hours per week will the dog be alone at home? |
| Do you own or rent your home? |
| If you rent, do you have permission from the landlord? |
| Landlord’s name and phone number? |
| Do you have any other pets? |
| If yes, how many and descriptionof species, sex, breeds etc(are all animalsvaccinated, parasite treated and up to date with veterinary matters as well as being in good health?) |
| Have you had a dog before? |
| If yes, which breed/s? |
| Do you have a back yard and is it safely fenced for a small dog? |
| Do you have a pool/pond? Is it fenced? |
| Where will the dog spend most of its time?(inside or outside) |
| Where will the dog sleep? |
| How will the dog get exercise? |
| Is anyone in your household nervous around animals? |

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**OTHER INFORMATION**

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| Do you have the use of a vehicleTo take dog to vet/ groomer appointments? |
|  |
| Can you pick up the dog from itscurrent location? |
| Can you take the dog to a minimumof 1 vet appointment within the first7 days of care?(vet costs covered by PCR until adopted) |
| Why are you interested in joiningPCR and our foster program? |
| Please describe any previousexperience working with animals? |
| Do you have any special skills?ie: vet nurse, behavioural training etc |

**AGREEMENT**

All the information I have provided on this form are true and correct. If any of my details or circumstances listed above change at any time I will notify PCR immediately. I acknowledge that all information taken by PCR will be kept private and confidential and will not be forwarded to any other person or company without my direct permission given in writing.

I acknowledge that any dog that comes into my care will remain under the legal ownership of PCR.

I acknowledge that PCR will remain in control of the adoption process at all times. All decisions regarding the adoption, health and care of the dog will be made by PCR and I will adhere to their policies at all times.

I acknowledge that PCR is not liable for any damage done to my personal effects or home by the dog.

I acknowledge that the dog is **NEVER** to be off lead at any time unless in an enclosed park for small dogs.

I acknowledge that until the dog is legally adopted, PCR will remain responsible for the medical costs involved as long as the dog is taken to a PCR approved vet, and medical needs are not due to irresponsible behaviour from the foster carer. If I use my own choice of vet I am solely responsible for all costs incurred.

Full Name:
Signature:
Date:
PCR Name:
PCR Signature:
Date: