

FOSTER APPLICATION FORM



Date:

Name:

Address:

Home Phone:

Mobile:

Email:

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

**Which animals are you interested in fostering?
(Please highlight one or more)**

Bitches with puppies

Injured dogs or puppies

Sick dogs or puppies*

Dogs (over the age of 6months)

Dogs (over the age of 1 Year)

Puppies (Under 6 months)

Other:

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

YOUR DETAILS

What pets do you have at home?

- | | | | | |
|---------|---------|------|-------------------|----------------|
| 1. Dog: | Gender: | Age: | Vaccinated: Y / N | Desexed: Y / N |
| 2. Dog: | Gender: | Age: | Vaccinated: Y / N | Desexed: Y / N |
| 3. Dog: | Gender: | Age: | Vaccinated: Y / N | Desexed: Y / N |
| 4. Dog: | Gender: | Age: | Vaccinated: Y / N | Desexed: Y / N |

Please note all dogs/puppies that you own MUST be up to date with vaccinations and fully immunised.

- | | | | | |
|---------|---------|------|-------------------|----------------|
| 1. Cat: | Gender: | Age: | Vaccinated: Y / N | Desexed: Y / N |
| 2. Cat: | Gender: | Age: | Vaccinated: Y / N | Desexed: Y / N |
| 3. Cat: | Gender: | Age: | Vaccinated: Y / N | Desexed: Y / N |
| 4. Cat: | Gender: | Age: | Vaccinated: Y / N | Desexed: Y / N |

Other pets:

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/flat, or own? Rent / Own

If you rent, is it a Housing NZ House? Y / N

If you rent, and it is not a Housing NZ House, do you have the landlord's permission to keep animals inside the house? Y/ N

Landlord's name:

Landlord's phone number:

Do you consent to us calling your landlord? Y / N

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

Please list any special facilities 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?

Where will your foster pets be when you are NOT at home?

How many hours each day are you away from home? (Including commuting time)

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 Y / N

If yes, please give details:

When appointments are made for vaccinations or de-sexing at scheduled times from Monday to Friday. Are you able to transport your foster animals 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

Please describe your fencing height and material

How many dogs or puppies can you comfortably accommodate at one time?

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 a Second Chance Dog Rescue CHCH representative to make a home visit at a mutually agreed time? Y / N

FOSTER AGREEMENT – Terms and Conditions

Second Chance Dog Rescue CHCH 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 Second Chance Dog Rescue CHCH
- 2.** The animal(s) shall be returned to Second Chance Dog Rescue CHCH upon request, or if I am no longer able to adequately care for them.
- 3.** I accept the Rescue may wish to inspect my property at any time.
- 4.** Should the Rescue 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 Second Chance Dog Rescue CHCH including attending veterinary appointments when necessary. If I am unable to do so, I will inform the Rescue as soon as possible for alternative arrangements to be made
- 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 Second Chance Dog Rescue CHCH
- 7.** I agree to provide water, shelter and TLC to the foster animal(s) and to follow all medical and other instructions. The rescue will provide all food and cover medical costs of the foster dog/s.
- 8.** I understand I must make arrangements with Second Chance Dog Rescue CHCH before bringing the fostered animals in for treatment or to be returned.
- 9.** 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 parvovirus) 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 parvovirus (dogs/puppies) and ringworm. The rescue agrees to take all reasonable precautions prevent the spread of any viruses.
- 10.** The Rescue 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 Rescue to treat or to pay for my own pet/s

vet bills. The Rescue, at its discretion, may financially cover the above on a case by case basis.

11. I understand that in the event of illness or medical treatment needed for my foster animal(s), Avonside-Wainoni Vets must be used.

12. I understand that in some circumstances the Rescue may decide that euthanasia is necessary, and I agree to abide by this decision.

13. I agree to not leave young children unsupervised with any foster animals.

14. I agree to return any food, supplies and equipment to the Rescue on completion of fostering.

15. This contract will remain in force while I am fostering animals on behalf of the Rescue and it may be revoked at any time by either party.

IAgree to and will abide by these conditions for Second Chance Dog Rescue CHCH Foster Programme.

Applicant Signature _____ Date _____