FOSTER CARER APPLICATION FORM

Mail To:
Elena Alexander
21 Barratt Place
Oakford 6121 WA

Email : perthchihuahuarescue@yahoo.com.au

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| **APPLICANTS DETAILS** |
| First Name/s |   |
| Last Name |   |
| D.O.B (dd/mm/yyyy) |   |
| Street Address(Where dog will be living) |   |
| Suburb, State, P/C |  |
| Phone |  |
| Email |  |
| Type of Dwelling: (House, Apt) |   |
| If you need to leave the dog, for holidays or illness, where would they go? |   |
| Second Phone (if available) |   |
| Current Employment(teacher, nurse, office etc) |  |
| Type of Employment (full time, part time, casual) |   |
| Drivers Licence Number: |   |
| Police Clearance (*if you have*) |   |
| **REFERENCES** |
| Personal Reference: |   |
| Second Personal Reference:(if you have never had a pet before so no vet reference.) |  |
| Vet Reference:(if you use a vet for your own pets) |  |
| **HOUSEHOLD DETAILS** |
| Number of people living with you? |   |
| Of those how many are children below the age of 2 years? |  |
| Of those how many are children below the age of 6 years? |  |
| Of those how many are children below the age of 12 years? |   |
| How many hours per week will the dog be alone at home? |   |
| Do you own or rent your house? |   |
| 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 description of species, breed etc? (Are all animals vaccinated, parasite treated and up to date with veterinary matters as well as being well?) |   |
| Have you had a dog before? |   |
| If YES, which breed/s? |   |
| Do you have a back yard and is it safely fenced for a Chihuahua? |   |
| Is there shelter/shade available? |   |
| Where will the dog spend most of its time? (inside or outside) |   |
| Where will the dog sleep? |   |
| How will the dog get exercise? |   |
| **OTHER INFORMATION** |
| Do you have the use of a vehicle for vet or other appointments? |   |
| Can you pick up the dog from the pound? |   |
| Can you pick up the dog from his current location? |   |
| Can you take the dog to a minimum of 1 vet appointment within the first 7 days of care? (Vet costs covered by PCR until adopted) |   |
| Why are you interested in joining PCR and our foster program? |   |
| Please describe any previous experience working with animals? |   |
| Do you have any special skills? Ie. vet nurse, behavioural, training etc |   |
| Please explain the kind of dog/s you are hoping to foster? (aged dog, puppy, mum with pups, multiple) |   |
| Is there a specific type of dog you were hoping to foster? (breed specific, recoup from illness/surgery requiring 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 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. 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 |   |