



ABN 54720 195 065

313 Duffield Road, Clontarf Q.4019 Ph. 07 3284 1927

www.peninsulaanimalaid.com.au

## Volunteer Foster Carer: Application form

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<b>About you:</b>	
Name	Date of birth
Street address	
Suburb and postcode	
Home phone	
Work phone	
Mobile phone	
Email address	

<b>Your preferences:</b>				
Indicate on the list below what type of animal(s) you would be able to care for.				
Indicate if you can foster on a short term (up to 2 weeks) or long term basis by circling S or L				
If you have a preference for male or female (e.g. to fit in with your existing pets) circle M or F				
Indicate if you are able to care for an animal with special care needs.				
Healthy adult cat		M/F	S/L	
Adult cat needing special care		M/F	S/L	
Single kitten		M/F	S/L	
Litter of kittens			S/L	
Large size adult dog		M/F	S/L	
Medium size adult dog		M/F	S/L	
Small size adult dog		M/F	S/L	
Single puppy (under 6 months)		M/F	S/L	
Litter of puppies			S/L	
I am able to care for an animal with special health care needs				Y / N
I am able to care for a dog with behavioural training needs				Y / N

<b>Your experience &amp; qualifications:</b>	
Outline below your previous experience in caring for animals, and any experience in dog handling & training (if applicable).	
List below any relevant qualifications.	



<b>Information about your home environment:</b>	
What pets do you currently have? List type, breed, sex, age.	
Are all your pets de-sexed and currently vaccinated? If no, provide more information.	
Do you have children or do children regularly visit? If yes what are their ages?	
How many hours per day will you be at home?	
Do you own or rent your property? If you rent we will need to sight landlords approval for you to have foster animal(s) at the property	
Describe your fences – height, construction and ground beneath	
Would the foster animal be inside or outside, or both inside and outside?	
Do you currently, or have you previously volunteered with Peninsula Animal Aid or with any other animal welfare organisation? (Name and phone no.)	

<b>Your agreement &amp; signature</b>	
Applicant name [Print]	
Applicant signature	
Foster care coordinator signature	
Date	