



Animal Foster Application

The completion of this form does not indicate that there is any obligation of the SPCA to engage with the applicant. The information remains confidential to the NTSPCA.

| Person | | Person ID Number | |
|-----------------|--|------------------|--|
| Title: | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> | | |
| First name: | Surname: | | |
| Address: | | | |
| Suburb: | | | |
| City: | Post code: | | |
| Phone number: | Mobile number: | | |
| E-mail: | | | |
| DOB: | | | |
| ID type/number: | A copy must be provided with your application | | |
| Hours of work: | | | |

| Spouse/partner details | |
|------------------------|----------------|
| First name: | Surname: |
| Phone number: | Mobile number: |

| Foster animal preferences (please tick) | | | |
|--|---|--|--|
| Amphibians <input type="checkbox"/> | Reptiles <input type="checkbox"/> | Turtles <input type="checkbox"/> | Hedgehogs <input type="checkbox"/> |
| Pet birds <input type="checkbox"/> | Wild birds <input type="checkbox"/> | Baby wild birds <input type="checkbox"/> | Ducks/ducklings <input type="checkbox"/> |
| Cattle/calves <input type="checkbox"/> | Horses/donkeys <input type="checkbox"/> | Pigs <input type="checkbox"/> | Goats/kids <input type="checkbox"/> |
| Sheep/lambs <input type="checkbox"/> | Poultry <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rabbits and Guinea pigs <input type="checkbox"/> | Rodents - mice <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Other: | | |

| Felines and Canines (please tick) | | | |
|---|---|--|--|
| Felines: injured <input type="checkbox"/> | Felines: sick <input type="checkbox"/> | Felines: pregnant <input type="checkbox"/> | Felines: queen and kittens <input type="checkbox"/> |
| Felines: orphans 5weeks plus <input type="checkbox"/> | Felines: under 5 weeks old <input type="checkbox"/> | Felines: bottle-fed <input type="checkbox"/> | Felines: timid/scared requiring socialization <input type="checkbox"/> |
| Canines: injured <input type="checkbox"/> | Canines: sick <input type="checkbox"/> | Canines: dogs <input type="checkbox"/> | Canines: pregnant <input type="checkbox"/> |
| Canines: mum and pups <input type="checkbox"/> | Canines: orphan pups <input type="checkbox"/> | Canines: bottle-fed <input type="checkbox"/> | Canines: weekend foster <input type="checkbox"/> |
| <input type="checkbox"/> | | | |

| Home information | |
|--|--|
| Environment (e.g. suburb, rural): | |
| Number of children: | Ages: |
| Do you own your own home? Yes <input type="checkbox"/> No <input type="checkbox"/> | If 'No' do you have a landlord approval?* |
| Do you agree to an SPCA staff member inspecting your property prior to and during any fostering? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| When do you want to start fostering? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Depending on your local SPCA's preferences you may need to provide written permission

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Current pets information

| Species (cat, dog etc.) | Age (years) | Sex (male/female) | Desexed? (yes/no) | Date of last vaccination (month and year) | Date of last flea treatment (month and year) | Date of last worm treatment |
|----------------------------|----------------|----------------------|----------------------|---|--|-----------------------------------|
| | | | | | | |

Animals vaccinations, worm and flea treatments must be up to date. Vaccinations records must be provided with application. Please discuss with the foster coordinator the specific requirements we have regarding different animals or desexed status.

| | | | |
|--|------------------------------|-----------------------------|--|
| Name of current vet/veterinary clinic: | | | |
| May we contact your vet for a reference? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Have you fostered an animal before? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

If yes, please give details:

Please list which animals you have previously cared for:

| | | |
|---|------------------------------|-----------------------------|
| Have you ever had an animal in your home with a contagious disease i.e. snuffles, canine parvo or ringworm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| What was it? | | When was this? |

You must be able to provide any of the following that is applicable to the animals you wish to foster:

| | | |
|--|------------------------------|-----------------------------|
| Separate room or an ideal location inside your house (cats, kittens, baby birds) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I understand that while in my care cats and kittens are not allowed outside | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Separate room/warm garage etc. and fully fenced property (dogs, puppies) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please state the height of your fence at its lowest point: | | |
| Hutch or separate room (hedgehogs, rabbits etc) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Aviary (birds) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Livestock (fully fenced) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please describe the area you plan to use for the animals:

| | |
|---|--|
| How many puppies can you comfortably accommodate? <small>(Please be aware your local SPCA may ask for photos of your property)</small> | |
|---|--|

Animal Foster Application

Fosterer background information

Have you ever had an animal welfare complaint made against you?

Yes

No

If yes, please give details:

Have you ever been charged with a criminal offence or currently waiting for proceedings for any criminal offence?

Yes

No

If yes, please give details:

Does anyone at home suffer from any condition that could put them at risk in the presence of foster animals? (i.e. allergies, pregnancy etc)

Yes

No

Are you aware that you must notify the NTSPCA if anyones situation in the home changes and may put them at risk?

Yes

No

Are you able to collect and drop off your fostered animals and supplies to the NTSPCA (Mon-Fri, 10am 4pm) or our vet when required in a warranted car?

Yes

No

Are you able to medicate your foster animals if necessary?

Yes

No

Do you understand that the foster animals belong to the NTSPCA and you must follow NTSPCA's policies and procedures?

Yes

No

Animal Foster Application

Foster Parent Agreement

The animals being fostered or equipment loaned shall remain the sole property of the SPCA. Any and all shall be returned to the appropriate SPCA upon request or if I am no longer able to care for them.

I understand that the society is not responsible for any damage or injury caused by animals and equipment and they will not reimburse me for any food, toys etc. that I purchase while fostering or cover the costs of any damage.

Should the society be concerned about the treatment or care of the fostered animals they will be removed from my possession.

I agree to provide food, water, shelter and appropriate care and attention to the foster animals and to follow all medical and other instructions.

I agree to notify the foster co-ordinator if I am going away or am no longer able to care for my foster animals. I understand that I am not permitted to leave them in anyone else's care.

I understand I must make arrangements with the foster co-ordinator before bringing the fostered animals in for treatment or to be returned.

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 or other pathogen. 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 I may have a stand down period of up to 12 months.

I understand that my animals vaccinations, flea and worm treatments must be kept upto date while I am a fosterer. I agree to provide my animals vaccination book to verify this when asked.

I understand that if any dog/puppy in my care is permitted to leave my property it must be kept on a lead at all times whilst off my property and is not permitted to visit any area where other dogs frequent unless it has been fully vaccinated.

I agree to contact the foster co-ordinator or the after-hours emergency phone immediately should anything adverse happen to the fostered animals in my care, including but not limited to death, illness or injury or lost animals.

I understand that if veterinary treatment is required for the foster animals, I must contact the foster co-ordinator and that the NTSPCA's recommended vet must be used. I understand that where treatment may be required, it may be decided that euthanasia is necessary and I agree to abide by this decision.

I understand that I am responsible for complying with all sections of the Dog Control Act 1996 and the Code of Welfare Act 1999 as the temporary carer of the animals in care.

I understand that it is my responsibility to identify and manage hazards present in my home and to provide a safe environment for the foster animals.

I agree not to advertise the animal I am fostering in any way without first speaking to the appropriate person in charge at the NTSPCA. This includes but is not limited to sale websites, social media, emails and notice boards.

I understand as a volunteer, I may be exposed to confidential information and / or situations i.e. any information overheard or overseen regarding Animal Welfare Complaints, Inspections, Clients, Uplifted animals etc.

I understand I shall not discuss any information and / or situations in this regard with anyone other than North Taranaki SPCA staff members or Committee. This information must not leave the confines of the North Taranaki SPCA.

I agree to abide by the NTSPCA's policies and procedures in regards to any animals in my home.

I accept I have no right to adopt my foster animals into new homes. If I know of someone who wants to adopt any animal I am caring for, I will refer them to the society for adoption. Normal adoption criteria and fees apply.

I (full name) declare that to the best of my knowledge the information provided in this application is accurate and I agree to the terms of a foster parent.

Signature:

Date: