

Volunteer Services Application

Foster Carer - Cats and/or Kittens

www.logan.qld.gov.au
ABN 21 627 796 435

(Please print)

Name: _____ Date of birth: _____

Address: _____

Phone (H): _____ Phone (W): _____ Phone (M): _____

Email Address: _____

As a Foster Carer I agree to:

- Undergo a Police Criminal History check.
- Participate in the Volunteer Induction Program and operate under the Program's guidelines.
- Provide an 'enriched' environment for foster animal/s.
- Feed the foster animal/s in the volumes as advised and at the times required.
- Notify the Foster Care Officer immediately of any notable changes in the foster animal/s health and or behaviour.
- Administer medications and other treatment and notify the Foster Care Officer when completed.
- Engage in positive reinforcement training methods and attend any training programs as required (funded by Logan City Council).
- Participate in the socialisation of foster animal/s.
- Return animal/s to the Animal Management Centre to the contracted Vet for **all** veterinary treatment and at the conclusion of the foster care period. (Note: there will no reimbursement of veterinary fees unless prior approval from Council is obtained).

Legal Requirements:

Animals legally owned by Logan City Council are eligible for placement in foster care

Logan City Council maintains guardianship/ownership of foster animals at all times and reserves the right to reclaim an animal from its Foster Carer at any time and for any reason during the fostering period. While animals are in foster care they are not to be sold, given away, taken interstate, or boarded at any location not approved by Logan City Council.

Declaration:

I have been made aware of and understand the requirements and information provided to me by Logan City Council in relation to the Volunteer Services Program. I acknowledge that I will undertake a Police Criminal History check at Council's expense. An interview at a mutually convenient time will be arranged to progress my application. I understand that should I not meet the volunteer services program criteria my application may be refused. I also understand that my information will not be given to any other person or agency unless I have given permission, or it is required by law.

I understand that despite the best endeavours of all parties involved, Logan City Council may have to euthanase an animal if it does not meet health and/or behaviour requirements for sale or rehoming.

Applicant: _____ Date: _____

Logan City Council Officer: _____

Animal Management Centre

213 Queens Road, Kingston 4114
Phone: 3412 5397
Email: pound@logan.qld.gov.au

Open

8.30 am - 4.30 pm Monday - Friday
9.00 am - 2.00 pm Saturday
Closed Sunday



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FOSTER CARER QUESTIONNAIRE

1. Have you ever been a volunteer for any other animal related agencies? Yes No

2. If yes, please detail services that you provided below.

3. How many hours do you currently work (away from your home)?

4. Do you have any medical conditions that may affect your ability to care for an animal? Yes No

5. Do you own your own home? Yes No

If No: have you permission from your landlord to keep pets on the premises? Yes No
(Documents to be sighted by officer)

6. **Property description** Do you have a secure enclosure to contain cats and/or kittens? Yes No

Do you have screens on your windows? Yes No

If you have an outdoor cat enclosure, what materials have been used in its construction?

Where will your foster cats/kittens sleep? _____

Do you agree to an initial and subsequent enclosure inspections? Yes No

7. **Property and Enclosure Inspection Booking** Date / / Time

8. What type of animal/s would you be interested in fostering?

Cats: Yes No

Kittens: Yes No

Mothers and their Litters: Yes No



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9. List all animals you have at home; Type/Number/Age (including registration and/or permit numbers)

10. Are your animals desexed? (Documents to be sighted by officer) Yes No

11. Are your animals fully vaccinated? (Documents to be sighted by officer) Yes No

12. Are your animals wormed regularly? Yes No

13. Have your animals suffered from any diseases? (Eg. Cat Flu) Yes No
If so please detail:

14. Would you consider caring for special needs animals? (Eg. Ringworm/Cat Flu/Undernourished/Skin conditions/Unweaned kittens?) Yes No

What experience do you have in this area?

15. Are you able to provide regular exercise and stimulation for your foster animal/s? Yes No

16. Do you have children residing at your premises? Yes No

If so, how old? _____

Are you confident the cats/kittens would be treated well? Yes No

