

Volunteer Services Application Foster Carer - Dogs and/or Puppies

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. Whilst 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 own your own home? Yes No

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

5. **Property description** Is your property fully fenced? Yes No

What height are the fences? _____

What material are they made of? _____

Do you have locking gates? Yes No

Do you have an area inside your house where the foster dog and/or puppies can rest undisturbed? Yes No

Can the foster dog and/or puppies escape from your property? Yes No

Where will the foster dog and/or puppies sleep? _____

Do you agree to a property inspection? Yes No

6. **Property Inspection Booking** **Date** / / **Time**



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

Dogs:	Yes	No
Puppies:	Yes	No
Mothers and their Litters:	Yes	No

8. List all animals you have at home; Type/Number/Age/Registration number/Permit number

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

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

11. Are your animals wormed regularly? Yes No

12. Have your animals suffered from any diseases? (Eg. Parvo, Kennel Cough) Yes No
If so please detail:

13. Would you consider special needs animals? (Eg. Ringworm/Kennel Cough/Undernourished/Skin conditions/Unweaned puppies?) Yes No
What experience do you have in this area?

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

15. Do you have children that reside at the premises? Yes No

If so, how old are they?

Are they familiar with animals and unlikely to cause accidental fear, harm or torment? Yes No

