

DAW FOSTER APPLICATION FORMS



Thank you for your interest in fostering a rescue furkid.
 Please read and fill in the form below, **initial ALL pages** and **sign the last page**.
 Once completed, return the document to **info@deadanimalswalking.co.za**

Application Date	
Name of animal (if he/she has a name)	

ABOUT YOURSELF		
Full legal name		
ID number		
Birth Date		
Occupation		
Full physical address (no P.O.Box)		
Cellphone number of person fostering		
Home telephone number		
Work telephone number		
Cellphone number of other person that can be contacted (not person fostering)		
E-mail address		
Please provide references of 2 people who have known you for 5 years or more, not in your immediate family:	Personal Reference #1	Name:
		Phone:
	Personal Reference #2	Name:
		Phone:



Initials :

ABOUT YOUR HOME

Where do you live?

Please tick the one that applies.

- Own Home
- Renting an apartment
- Renting a house
- Living with parents
- Other *(please specify below)*

If renting, please list landlords details

Full name

Address

Landline number

Cellular number

How long have you lived at this residence?

(Please note that a notification has to be given to us prior to relocating to new premises.)

With whom do you live?

Please tick all that apply.

- Spouse / Partner
- Roommate
- Parents
- Children under 5 years
- Alone
- Other *(please specify below)*

How many adults over 18 years live at residence?

How many children and of what ages?

Is your home...?

Please tick the one that applies.

- Rural
- Urban
- Suburban
- Agricultural

What is your yard size?

Please tick the one that applies.

- Small
- Medium
- Large
- More than 1 hectare



Initials :

Is the yard fenced or walled in? <i>Please tick the one that applies.</i>	<input type="checkbox"/> Fully <input type="checkbox"/> Partial <input type="checkbox"/> Will be fenced/walled in a few weeks <input type="checkbox"/> Other (<i>please specify below</i>)
---	---

ABOUT YOUR CURRENT PETS

Do you own other pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------	---

If yes, please give us information about all the animals alive and currently living in your household:

Pet # 1		Pet # 2	
Name		Name	
Type (dog / cat / other...)		Type (dog / cat / other...)	
Age		Age	
Breed		Breed	
Sterilized		Sterilized	
Vaccinated and dewormed		Vaccinated and dewormed	
More info about this animal		More info about this animal	

Pet # 3		Pet # 4	
Name		Name	
Type (dog / cat / other...)		Type (dog / cat / other...)	
Age		Age	
Breed		Breed	
Sterilized		Sterilized	
Vaccinated and dewormed		Vaccinated and dewormed	
More info about this animal		More info about this animal	

If you have more pets please list them in your email when sending these forms back to us.



Initials :

ABOUT THE ANIMAL YOU WOULD LIKE TO FOSTER

Animal type (dog, cat...)	
First choice animal name/rescue story	
Second choice animal name/rescue story	
Where did you hear about DAW and the animal for fostering?	
Why are you looking to foster?	
Of all the animals, why have you chosen this one? <i>(Please note that all applicants are reviewed for the best homes so if you're declined for this specific animal we will help you find another that will fit you and your family's needs)</i>	
How would you feel about handing the animal back after having fostered it for possibly a few months?	

ABOUT TAKING CARE OF YOUR FOSTER PET

Who will be the main caregiver?	
Are you familiar with local animal by laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animal living situation? <i>Please tick all that apply.</i>	<input type="checkbox"/> Living inside <input type="checkbox"/> Living outside <input type="checkbox"/> In dog house <input type="checkbox"/> Other (please specify below)
Is any household member allergic to animals?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how will you deal with reactions to this pet? Please specify below.



Initials :

Where will the animal sleep at night?	
Typically how long will the animal be left alone during the day?	
Is any household member allergic to animals?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how will you deal with reactions to this pet? Please specify below.
Do you have a swimming pool?	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", is it fenced or covered?
If the animal you would like to foster is a dog, how will you exercise him/her? <i>Please tick all that apply.</i> <i>Note some dogs may require obedience training class, as well as regular activities to keep them happy and healthy, if you're unable to provide list below, please ask which animal/breed may suit your lifestyle better</i>	<input type="checkbox"/> Leash walk daily <input type="checkbox"/> Free to run in fenced/walled yard <input type="checkbox"/> Supervised access to run in unfenced yard <input type="checkbox"/> Taken to a park or beach off the lead <input type="checkbox"/> Bushwalk at Hound Haven on Sundays <input type="checkbox"/> Other (please specify below)
What would you do if your foster pet gets into trouble by ruining something you value?	
Would you provide the animal with a 14 days chance to settle in? <i>(note anything can change in any dog/cat or animal when leaving the Haven, we should be notified of anything so as to assist where needed)</i>	
Are you willing to house train your foster pet if not already trained?	
How would you train him/her?	
List types of behaviour problems you consider not acceptable (meaning you wouldn't be willing to work on or keep the dog)?	
Additional information you would like to provide about yourself, your family and/or the animal you would like to foster.	

Additional information you would like to provide about yourself, your family and/or the animal you would like to foster.	
--	--



Initials :

If the animal you were interested in was already fostered would you consider looking with us for another cat/kitten of your choice?

FOSTER AGREEMENT CONTRACT

By checking yes, you agree that the animal that you are about to foster will be under your responsibility while under your custody but will remain DAW's "property" at all times.	<input type="checkbox"/> YES
By checking yes, you agree that DAW makes all medical and adoption decisions regarding foster animals.	<input type="checkbox"/> YES
By checking yes, you agree that the animal will not be used in any illegal activities.	<input type="checkbox"/> YES
By checking yes, you agree that the animal will be kept as a house pet and part of the family.	<input type="checkbox"/> YES
By checking yes, you agree that if you wish to adopt your foster pet, you must complete the adoption papers and pay the adoption fees listed on the Adoption Application Form.	<input type="checkbox"/> YES
Lastly, by checking yes to all the above you are entering not only into an application but a legally binding contract if approved for fostering.	<input type="checkbox"/> YES

I, _____,

hereby, confirm that I understand the above said and the information provided is true and correct.

Signature _____

Please return the ENTIRE document via e-mail to info@deadanimalswalking.co.za

**WE RESCUE, RELIEF, REHAB & RE-HOME
HOPELESSLY ABUSED, NEGLECTED AND UNWANTED ANIMALS**

BEFORE AFTER

DAW
DEAD ANIMALS
WALKING

Your support means the world to us!

DESIGNED BY
BERNELLE
GRAPHIC DESIGN SOLUTIONS



Initials :