
CHRISTCHURCH BORDER COLLIE HAVEN
RESCUE & REHOMING

FOSTER APPLICATION FORM

Please fill out this questionnaire honestly and in full to be considered for fostering.

Date of application: ___/___/___

About You:

Full Name: _____

Contact Phone: _____ Email Address: _____

Street address: _____

Suburb: _____ City: _____

Date of birth: ___/___/___ Age: _____ Residency Status: _____

Occupation: _____

Occupational status: (*Full time, Part time, Self employed, etc*) _____

Hours per week worked: _____

Additional carer staying on the property? (*Spouse, etc*) (if applicable)

Full Name: _____

Contact Phone: _____ Email Address: _____

Street address: _____

Suburb: _____ City: _____

Date of birth: ___/___/___ Age: _____ Residency Status: _____

Occupation: _____

Occupational status: (*Full time, Part time, Self employed, etc*) _____

Hours per week worked: _____

Any children living on the property? Or any regular stayers

- No
- Yes. Please provide details, including age, have they lived with pets before?

Tell us about you! Your family, previous experience, why you want to foster etc.

Have you undertaken a KURI adult or puppy foundation course?

- Yes
- No, I don't wish to
- No, But I do wish to follow this 8 week / 1 hour per week course.

Do you have a facebook account? And are able to join our CBCH fosters group?

- Yes
- No

Are you happy to meet potential adopters of your foster dogs, view properties where needed, and help the CBCH team decide which home is in the best interest for the foster dog in your care?

- Yes
- No

Your home:

Do you own your property?

- Yes
- No (Please fill in landlord form)

Is your property full fenced?

- Yes
- No

Does your property have a pool, lake, stream etc that is not properly fenced off?

- Yes
- No

Are you happy to foster puppies, or mother and puppies, that may require bottle feeding?

- Yes
- No

Will the dog be kept, and sleep inside or outside?

- Inside
- Outside
- Other _____

Do you consent to a property check, if your application is successful?

- Yes
- No

How many other people living on the property? (include ages)

How many other pets/animals living on the property? (animal, breed, age, social status etc)

Have you owned dogs before? If so, what breed/s?

Do you have any special formal training relating to dogs / animals? (vet, first aid, etc)

How long per day will your dog be left alone? Or, can your dog come to work with you?

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday/Sunday: _____

Other details: _____

Have you fostered before? If so, for who? How long? Do you still foster for them?

Do you currently have a regular vet?

- No, not yet
- Yes!

Vet Practice name: _____ Contact #: _____

Vet name: _____ Email: _____

Dog requirements:

Are you able and competent to spend time toilet training?

- Yes
- No

Are you able and competent to spend time obedience training?

- Yes
- No

Are you happy to foster a dog that is not appropriate to live with a cat?

- Yes
- No, must be able to live with a cat

Are you happy to foster a dog that is not appropriate to live with children?

- Yes
- No, must be able to live with kids

Are you happy to foster a dog that requires ongoing vet visits?

- Yes
- No

Are you happy to foster a dog that is not appropriate to live with elderly people?

- Yes
- No

Are you happy to foster a dog that is not able to be around other dogs?

- Yes
- No

Are you happy to foster a dog that is disabled, deaf, blind, or other?

- Yes
- No

Are you happy to foster a dog that may be timid or take time to trust new people?

- Yes
- No

Are you happy to feed your dog a species appropriate raw food diet?

- Yes
- No

Have you ever been convicted of any assault, animal cruelty, or related charges?

- No
- Yes. Please give details

Do you consent to a police check?

- Yes
- No

Do you have your own transport / driver license? (for vet visits etc)

- Yes
- No

References:

Name: _____ Relationship: _____

Contact number: _____ Email: _____

Name: _____ Relationship: _____

Contact number: _____ Email: _____

Name: _____ Relationship: _____

Contact number: _____ Email: _____

Declaration:

I, _____ confirm the information I have provided is true and correct, and understand if any information is found to be incorrect it may result in my application being terminated.

Signed: _____

Date: ____/____/____