



ROTTWEILER RESCUE of WA Inc.

Phone: 0437 489 959 Fax: 08 9397 2935

PO BOX 3099, SUCCESS WA 6964

rottweilerrescue@bigpond.com

<http://www.warottweilerrescue.com>

Application to become a foster carer for the Rottweiler Rescue of WA

The Rottweiler Rescue of WA (RRWA), along with many other rescue organisations would not be able to function without the help and support of foster carers. Fostering a dog can be extremely rewarding and at times challenging. A foster carer is a person/family that looks after a rescue dog in their home environment until such time as a suitable, permanent home is found for the dog. They provide food, shelter and care for the dog, and work alongside the rescue groups to save these dogs from being put to sleep in pounds or unsuitable homes. We acknowledge that a home setting is the best place for these dogs to be, and we are committed to providing our rescue dogs with the best chance at a successful rehoming.

Personal Details

Name _____

Address _____

Telephone (H) _____ (W) _____ Mobile _____

Email address _____

What is your preferred method of contact? _____

Why do you want to become a foster carer for RRWA? _____

Have you cared for a Rottweiler previously? Yes / No

If yes, please give details: _____

Family details

Spouse/partners name (if applicable) _____

Number of adults in household (over 18yrs) _____

Number & age of children in household _____

Are all family members willing to care for a foster dog? Yes / No

If no, please give details: _____

House and yard

Type of residence: House / Apartment / Acreage / Other (please give details)

Do you rent or own? _____

Describe the living area that will be made available to the foster dog (also please include access to house and yard details): _____

Type, condition and height of fencing: _____

Pets

What pets are currently living in the home (number, type, breed, age, sex)?

What pets have you previously owned and what happened to them?

Are all your pets currently vaccinated? Yes / No

If no, please give details:

Are all your pets castrated or speyed? Yes / No

If no, please give details:

Name and phone number of current or previously used Veterinarian:

Fostering

Do you have experience with, or are you willing to learn about fostering dogs whom may suffer from extreme shyness, anxiety, fear of objects or people, blindness, deafness or those recovering from surgery? Yes / No

If yes, please give details:

Will you foster dog be allowed in the house: Yes / No

Where will your foster dog sleep: _____

What amount of time will your foster dog be alone of a typical day:

Weekdays: _____ hours

Weekend: _____ hours

Where will the foster dog spend time when along at your home?

Are you familiar with crate training? Yes / No

Are you willing to crate train or learn how to crate train your foster dog? Yes / No

It is likely that small disagreements are going to occur when bringing a new dog into your home where there are already dogs or cats existing. There can be fear or anxiety and you must be willing to work with your new dog and existing pets during the transition (with our help) over what could be days or weeks. Are you willing to make this commitment? Yes / No

How long are you willing to care for a dog placed in your home?

1 week / 2 – 4 weeks / 6 – 8 weeks / 12wks + / Unlimited (please circle one)

Do you have your own car? Yes / No

Are you able to transport your foster dog to veterinary appointments, the shelter or adoption events given a reasonable amount of notice? Yes / No

Foster Carer

Name/s: _____

Office Use Only
<u>Foster Care Co-Ordinator</u>
Name
Signature of Approval

Signature: _____
