



PERSIAN DREAMS & CANINE THEMES
 RESCUE SOCIETY



"Helping Every Tail Find A Happy Ending"

PO Box 23134, Medicine Hat, AB T1B 4C7 Phone: 403-529-2287 Fax: 403-528-4551

Email: persiandreams@hotmail.com Website: www.persiandreamsrescue.org

BIRD FOSTER APPLICATION FORM

Applicant Name: _____

Address: _____

City: _____ PC: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Current Status: Retired () Employed () Student () Other ()

How did you hear about Persian Dreams? _____

Have you applied, worked and/or currently volunteering with other rescue organizations? _____

If so, please explain: _____

What are you willing to foster? _____

What age of animal are you willing to foster? _____

Have you ever owned a bird before? ____ If so, how long did you have it and if you no longer have it what happened to it? _____

Do you have a size/weight preference? _____

Have you researched the bird you wish to foster? _____

How much time are you able to spend with this bird per day? _____

Do you have the proper shelter, lighting, and food? _____

Select traits that are the most important to you:

Are the children accustomed to and educated about birds? _____

Would you consider fostering more than one pet? _____

Do you rent your current home? _____

If you rent, please provide landlord's name and number: _____

How long have you lived at your current address? _____

Activity level of animal you want _____

Or will not tolerate: _____

Will you be able to transport foster to and from vet? _____

Please provide two references: (non-relatives):

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

ALL APPLICANTS:

I acknowledge that all the information contained in this form is true and correct to the best of my knowledge. I also hereby state that Persian Dreams and Canine Themes is not liable for any destruction of property, or aggressive behaviour, from a fostered animal. I understand that Persian Dreams and Canine Themes evaluate to the best of their ability to place with me a compatible animal. I understand, also, that I must be in control of my own animals at all times and in control of the foster animal. I also state, in this agreement, that if in fact; the foster in my residence is not working out and must be removed, to allow adequate time for placement (up to three weeks). I hereby state that Persian Dreams and Canine Themes will provide me with the basic necessities the animal needs including medical costs. (Note: A board member will arrange all veterinary appointments.)

Signature

Persian Dreams Representative Signature

Date Application Received

Date Application Approved

*Any contributions from the foster home is very welcomed and appreciated; however it is not a requirement.