

# BARKLY REGIONAL COUNCIL



## DOG FOSTER CARE APPLICATION

### FOSTER CARER DETAILS

Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you 18 years of age or over?                      YES                      NO

Address where animal will be kept and cared for?  
\_\_\_\_\_

I am willing to foster for \_\_\_ week/s (maximum 2 weeks).

### FOSTER DOG DETAILS

Name of Dog: \_\_\_\_\_ Microchip # \_\_\_\_\_

Breed of Dog: \_\_\_\_\_ AGE (approx.): \_\_\_\_\_

SEX:                      Male                       Female

### DISCLAIMER

I, \_\_\_\_\_ understand that while the animal is in my care, I have a duty to ensure its safety and wellbeing to the best of my ability. If I have any medical concerns I will contact Barkly Regional Council Animal Management immediately.

I understand that animals impounded at the Barkly Regional Council Pound may have been unwanted, surrendered, unclaimed or have been mistreated, abused, harmed, injured or neglected. As a result, I acknowledge that temperament, physical health or behavioural issues may arise while in my care. I have spoken to the Animal Management Staff and understand the risks involved in fostering this animal.

I hereby release, waive, discharge, relinquish and agree not to sue or seek any financial reward or reimbursement from The Barkly Regional Council, the resident Veterinary Practice and/or its officers, employees, locums, Council members, volunteers or associates from any and all liability by fostering this animal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BRC Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_