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Email: pets@yaps.org.au Web Page: www.yaps.org.au

ABN 78829761427

FOSTER APPLICATION

			DATE:	
I AM APPLYING TO I	FOSTER:	CATS/KITTENS	DOGS/PUPPIES	6
FULL NAME/S:				
EMAIL ADDRESS:				
ADDRESS:				
SUBURB:		PHONE NUMBER/S:		
Number of adults:	Number	of Children:	Ages:	
	HOUSEHOLD A	WARE OF, AND IN AGREE	MENT TO, YOUR APPLICATI	ON TO
Describe to us your work s long the animal will be alo	_	Full time/part time/not o	urrently working. Please te	ll us how
-	ages, whether	they are <u>desexed</u> , inside	or outside pets, and if their our pets good with other do	
Please tell us why you wou			PS.	

Do you own your hom	ne or rent?						
If you rent YAPS will h	nave to see written co	onsent from your landle	ord approvir	ng pets.			
Please tell us what type of animals you would be willing to foster (eg. Pregnant mothers, nursing mothers with litters, puppies/kittens needing hand-rearing, injured or ill animals etc.). How many puppies or kittens you can accommodate at one time?							
Sometimes we require	e animals to be foste	red for longer periods (of time. Wo	uld you be			
Please detail any releve experience in dog trai	<u>-</u>	eg. previously hand-re	earing very y	oung anim	als,		
		so we can be sure you		afe and sec	cure		
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