



Until one has loved an animal, a part of one's soul remains un-awakened – Anatole France

P. O. Box 460. Gobabis. 11001. Namibia.
(+264 081 744 5932 / 081 269 6436 / 081 628 9274
E-mail: gobabis.animal.rescue@gmail.com
www.facebook.com/groups/gobabisanimalrescue/

FOSTER APPLICATION / GAR W0503

Date of application:

Personal information of applicant

Full name & surname:

Namibian ID number:

Daytime phone: Evening phone:

Email address:

Occupation:

Name & contact details of your employer:

.....

Residential type (e.g., farm, house, apartment) & address:

.....

Do you own/rent the property where you are living?

If you rent, name & contact details of the landlord/owner:

.....

What are the owners` rules concerning pets/animals?

.....

How long have you been living at this address?

Do you live in an `animal friendly` environment?

Names & ages of all people living with you:

.....

.....

Please describe your household: Active / Noisy / Quiet / Average

Does anyone living with you have a known allergy to any animal?

What type of animal would you like to foster?

Any specific preferences concerning the above-mentioned animal? Male/Female,
age, breed or anything else ..?

Is everyone living with you in agreement with the decision to foster the specific animal?

Are you in the financial position to provide suitable food the animal?

What type of food do you have in mind?

How many hours daily are you going to be away from home?

Where will the animal spend the day?

Is the area `animal save`? Yes / No. Is it fenced? Yes / No.





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Do you have any other pets? If `yes`, please specify type and number.

 Are all these pets up to date on vaccines?
 How do you discipline your animals / pets?
 Do you have a regular veterinarian?Yes / No
 Veterinarians` name
 Clinic name
 Clinic address
 Clinic contact details
 Do you agree to provide health care to this animal by a Licensed Veterinarian?
 Yes / No
 Do you agree to contact Gobabis Animal Rescue if you can no longer foster this animal?
 Yes / No
 Please list someone who is familiar with you and your animals / pets:
 Name
 Residential Address
 Telephone / cell phone numbers
 Relationship (friend, neighbor, relative)
 Do you agree to inform Gobabis Animal Rescue if you would like to adopt the animal?

All the information I have given is true and correct. This animal will reside in my home as a loved pet. I will provide it with quality food, plenty of fresh water, indoor shelter, and medical care under the supervision of a licensed veterinarian. I also give Gobabis Animal Rescue permission to send a representative to the pet/animals` place of living for inspection and observation. I am aware that the animal will be advertised for a full 30 days for the rightful owner(s) to claim back their pet. I agree to surrender the animal to its rightful owner(s) should he/she claim the animal back within the specified amount of time given for owners to claim back the animal.

.....
Signature of applicant

.....
Date

