



Foster Care Registration Form

Name: _____

Address: _____

Phone - Home: _____ Work: _____ Mobile: _____

E-mail: _____

Interested in (please tick):

- Adult dogs
- Timid dogs
- Mother dog and puppies
- Orphaned puppies
- Adult cats
- Timid cats
- Mother cat and kittens
- Orphaned kittens

Size of yard: _____

Other pets: _____

Are your pets up to date with vaccinations: YES / NO

Own transport: YES / NO

Number of children: _____ Ages: _____

If renting, have you checked with your landlord? YES / NO

Any other information: _____

Return this form to our Foster Coordinator by email: fostering@awlqld.com.au, fax: 07 5594 0131

Or Mail to;
Animal Welfare League Qld Inc
PO Box 3253
Helensvale Town Centre Qld 4212