

Furmentality

OWNER - S.T.A.R.S. APPLICATION

Introduction:

Please complete this form and send via email to info@furmentality.life, or hand it to us in person.

Documents you need to supply:

A letter from your health professional re expected dates of your hospital treatment.

social or illness related circumstances during my hospital stay and wish to apply for the S.T.A.R.S. service.

Please Tick:

The above is True

The above is False

1. You:

Alternate / Additional Contact Person:

Apart from you, is there someone else you would like us to contact ?

NO

YES

You:

Your Contact: ?

Name:

Address:

Contact number:

Email:

@

N/A

N/A

2. Your Pet:

What is your Pet's name ?

Name:

3. Your Hospital Stay:

Is it a pre-planned admission ?

YES ↴

NO ↴

What are the dates ?

Admission Date:

Release Date:

↓

What is the expected length of stay ?

4. Your Choices:

Note: Foster Care is where Your Pet is Fostered by our Carer, in their Home, and Visiting Care is where the Visiting Carer visits Your Home to walk and feed your Pet.

Do you want Foster Care or Visiting Care ?

Visiting Care Foster Care

What would you like us to do for your Pet ? Feeding, Walking, or Both:

Feeding Walking

Please provide details on Feeding / Walking: e.g. Likes caviar, or hates walking.

Please insert All of your Pets & Quantities here:

<u>Dogs:</u>	<u>Cats:</u>	<u>Small Pets:</u>	<u>Other Pets:</u>
<input type="checkbox"/> Puppies: Qty:	<input type="checkbox"/> Kittens: Qty:	<input type="checkbox"/> Guinea pigs: Qty:	<input type="checkbox"/>
<input type="checkbox"/> Small: Qty:	<input type="checkbox"/> Adults: Qty:	<input type="checkbox"/> Birds: Qty:	<input type="checkbox"/>
<input type="checkbox"/> Medium: Qty:		<input type="checkbox"/> Mice/rats: Qty:	<input type="checkbox"/>
<input type="checkbox"/> Large: Qty:		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Pets: Qty:			

Would you like Photos / Updates of your Pet ?

YES NO

Would your pet tolerate another animal ?

YES NO

Please explain:

Are the pets in your household desexed?

YES NO

Details:

Have your Pets Ever had ANY contagious illnesses at home ?
Including Ringworm or Parvo: (And Including Previous Pets)

YES ↴ NO ↴

Please describe:

5. Pet Lifestyle:

Where do you keep your Pet when you are at home?

Where do you keep your Pet when you are NOT at home?

What type of shelter and/or shading is available for your Pet outside ?

Please Place Your Concerns, and Comments Here:

6. Our Agreement:

1.I am aware that should there be a shortage of foster pet carers my pet will be placed in the Alice Springs Animal Shelter – but that the costs will be borne by me.

2.I will not hold Furmentality Inc. liable for any injuries my pet causes to the pet foster carer, the members of their household/family or the general public, or any damage to property caused by my pet.

3.I will not hold Furmentality Inc. liable should my pet become lost or injured whilst he/she is in foster care. I understand that all reasonable efforts will be made by Furmentality Inc. and the pet foster carers to find my pet and access a vet.

4.I understand that Furmentality Inc. will not be responsible for any vet bills incurred by my pet and that members of Furmentality Inc. will endeavour to contact me, or the person nominated in clause 2, as soon as practicable in case of an emergency.

5.I agree that I will liaise with Furmentality Inc. regarding any queries and needs of my pet and NOT the pet foster carer.

6.I agree to take back my pet at the designated time. My pet will be returned to me by a member of Furmentality, not the pet foster carer.

7.I am aware that, barring unexpected circumstances, should I not take my pet back on the agreed date, my pet may be relinquished to the Alice Springs Animal Shelter, all costs will be borne by me.

I have read and acknowledge the information above

Name:

Signed:

Date:

7. Referred By:

Self-referred

Social Worker/Allied Health

Other Hospital Staff

Carer

Community Organization

GP

Other