

# Foster Carer Application

Full Name:

Address:

Postage Address:

Contact # Home:

Mobile # :

Are you willing to collect rats from us:

YES / NO

Number of people living with you:

Childrens ages:

Experienced with Rats:

YES / NO

If YES, please provide information:

Other animals living with you:

Are you available for :

Long Term Care	Short Term Care	Either	
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Max # of Rats your are willing or able to care for at any time?

Office Use Only

Carer #	
Location	
Travel	
Rats Assigned	