



## Fostering Orphaned Juvenile Mammals

### Personal Details

Title: <i>Mr/Mrs/Miss/Ms</i>	Forename:	Surname:
Address:		
		Post code:
Telephone Number:	Mobile Number:	
Date of Birth:	No. of children (if applicable)	
Do you have a clean current driving licence?	Are you willing to have a 'home visit'?	
Do you have any domestic pets? If so, what and how many?		
Do you work? If so, what hours?		

### Relevant Medical Details

Is Your Tetanus Vaccination Up to Date (Lasts 10 years)	
Please sign to this effect: .....	
<b>Emergency Contact</b>	
Contact Name:	Contact Number:
Doctor's Name:	Telephone Number:
Are you currently receiving any medical treatment?, if yes give details, (this information may be needed in an emergency)	
Do you have any medical conditions that we need to know about, i.e. bad back?	
Do you have any allergies which may be relevant?	

## Leisure Time

Hobbies/leisure interests

Do you support Hunting / shooting / falconry?

How did you come to hear about us?

Any information you would like to give that you feel is relevant to this voluntary position

## Fostering Waiver

- All juvenile mammals remain the property of Tiggywinkles.
- Tiggywinkles reserves the right to take the juveniles back to the Hospital if required at any time.
- All fostered animals must be returned to the Hospital when fully weaned.
- All Tiggywinkles systems, which have been tried and tested for many years, must be followed.
- If any animals show any medical problems, they must be returned to Tiggywinkles immediately.
- All equipment remains the property of Tiggywinkles and must be returned at the end of the fostering season, or as necessary.

I declare that the information given is correct and agree to the terms of the Fostering Waiver.

Signed:

Date:

The information on this form will be stored on the Tiggywinkles database to be used only by Personnel, Team Leaders and Nursing staff. Please tick this box if you do not give your consent

**Please complete this form and send to:**

**Jacqui Ashby,  
Tiggywinkles,  
Aston Road,  
Haddenham,  
Bucks HP17 8AF**



*Help Us Help Them*

Tel : 01844 292 292, Fax: 01844 292 640

Email: [mail@sttiggywinkles.org.uk](mailto:mail@sttiggywinkles.org.uk)

[www.tiggywinkles.com](http://www.tiggywinkles.com)

### Office Use Only

Date Received

Date of Initial Contact

**Start Date:**

**Area:**

**Process**

**Date Completed**

**Completed By**

Informed Team Leader of Start Date

Personnel Database updated

Induction Form received

Code of Conduct received

Finish Date

Personnel Database updated