



Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Furry Friends Virtual Home Tour Checklist

**Please complete this form then email it to [cats@ffarq.com.au](mailto:cats@ffarq.com.au) the same day.**

Website [www.ffarq.com.au](http://www.ffarq.com.au) Facebook [www.facebook.com/furryfriendsanimalrescueqld](http://www.facebook.com/furryfriendsanimalrescueqld)

**Section 1:** To be completed by the Home Tour Volunteer:

Date of home tour:

Time of home tour:

**Section 2:** The information from this section onwards relates to the Foster Carer or Adopter (please ask them these questions) :

Name:

Address:

Phone number:

Email address:

Have you been associated with any other rescues and if so, which one/s?

**Section 3:** Their pets (Note: all pets to be listed below):

Pet species:

Breed:

Size: *Small/medium/large*

Sex: *M/F*:

**Section 4:** Pet health (if pets noted in section 3):

De-sexed? *Yes/No*

General health:

Any known medical issues? *Yes/No (If Yes, please provide details)*

Dental health:

Microchipped? *Yes/No*:

Vaccinated? *Yes/No*

Any temperament issues? *Yes/No*

Foster Carer name:

Date:

Home Check Volunteer name:



## Section 5: Property

Property type: *house/townhouse/apartment*

If apartment - is there a balcony? *Yes/No*

Is there a deck? *Yes/No*

How many levels are there? *Single-storey, double-storey etc.*

Are there stairs within the property? *Yes/No*

Is there a garage? *Yes/No*

Type of road where the property is located: *main road, cul-de-sac etc.*

If renting, do they have permission from the landlord?

If Yes, a copy of written permission is to be provided.

Property condition:

Screens to all windows and doors? *Yes/No*

Type of window coverings: *Blinds/curtains*

Are there any lilies present in the house? *Yes/No*

Is there a separate area (preferably tiled) for quarantine/separation of the animal? *Yes/No*

What areas of the property will be available to the pet?

## Section 6: Environment

Is anyone in the house a smoker? *Yes/No*

If Yes, do they smoke inside the house? *Yes/No*

Are there any children living in the house? *Yes/No*

If yes, how old are they?

If yes, are they scared of pets? *Yes/No*

## Section 7: Caring for the Foster/Adopted pet

Where will the pet sleep?

Will the pet be allowed on the furniture? *Yes/No*

How long are you away from home during the day?

Where will the pet be kept during this time?

Can you administer basic treatment if needed? *Yes/No*

Do you have someone you can call in an emergency if you are not home? *Yes/No*

Do you have the right supplies/equipment for the animal? *Yes/No*

Foster Carer name:

Date:

Home Check Volunteer name:



**Section 8: Volunteer sign off:**

Furry Friends Volunteer Signature: \_\_\_\_\_

Additional Notes:

Unsuitable / Suitable

FFARQ Foster or Adopt Checklist\_V3.0

Foster Carer name:

Date:

Home Check Volunteer name: