



## Application to Foster

Please PRINT CLEARLY:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

Do you rent \_\_\_\_\_ or own \_\_\_\_\_ your home? If rent, list name & phone number of landlord: \_\_\_\_\_

Are there children in your home? \_\_\_\_\_ Ages \_\_\_\_\_

Children under the age of ten must always be supervised around kittens/cats.

Types & numbers of other animals in the home: \_\_\_\_\_

\_\_\_\_\_

**We strongly recommend you check with your veterinarian to confirm that your pets are up to date on vaccinations and other preventative care, before you take other animals into your home, for foster care or in any other situation.**

A separate room is required to reliably isolate the foster(s) from your pets the entirety of their stay. Can you provide this space? \_\_\_\_\_

Please give a brief overview of your experience with cats: \_\_\_\_\_

\_\_\_\_\_

Please circle all of the following you would be willing to foster:

\*One or more kittens

\*A nursing mom with a litter of kittens

\*A cat recovering from nursing/surgery/illness



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Initial to indicate your agreement with the following statements:

1. I understand and agree that Cat Welfare remains the owner of the cats and/or kittens in foster care in my home. \_\_\_\_\_

2. I will IMMEDIATELY notify the shelter if a kitten or cat becomes ill, and will transport to Cat Welfare or a Cat Welfare-approved veterinarian. \_\_\_\_\_

3. I understand that if I seek veterinary care without Cat Welfare's permission, it will be at my own expense, and may not be reimbursed. \_\_\_\_\_

4. I will change litter pans daily, provide food & clean water at least twice daily, and handle kittens (once eyes are open) several times a day. \_\_\_\_\_

5. I agree to administer any needed medications such as eye drops and/or liquid medication as directed. \_\_\_\_\_

6. I agree NOT to give/sell/place Cat Welfare cats/kittens while in my care. \_\_\_\_\_

7. I will return the cats/kittens to Cat Welfare for needed immunizations or treatment. \_\_\_\_\_

8. I will return the cats/kittens to Cat Welfare at the agreed upon date for adoption. \_\_\_\_\_

9. I understand that all adoptions must be completed at the shelter so that oversight, health checks and record keeping are completed by Cat Welfare. \_\_\_\_\_

10. I understand that I may adopt a foster with the approval of Cat Welfare and that I will pay the adoption fee. \_\_\_\_\_

I have read and understand the responsibilities of a foster parent as presented in this document and agree to follow the Agreement as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_