

Foster Care Application

Please tell us about yourself:

Name: _____ Date: _____

Address: _____

Daytime Phone # : _____ Evening or Cell Phone # : _____

Email: _____ Birth Date: _____

Do you live in a: Single-family home Duplex Condo/Townhouse

Apartment

Do you: Own Rent Rent-to-own Live at relatives' or friends' house

If you *do not own*, please list

Property owner's/landlord's name: _____

Property owner's/landlord's phone: _____

Please tell us about your household members:

Name	Age	Name	Age

Current Pets: Please list all current pets.

Name	Breed	M/F	Spayed/Neutered	Vaccinated?	Kept In/Out
			YES / NO		
			YES / NO		
			YES / NO		
			YES / NO		
			YES / NO		

Who is your current veterinarian? _____

Phone: _____

Have you ever fostered before? YES / NO

Please provide two references we can contact if needed:

1. Name/Phone #: _____

2. Name/Phone #: _____

What type(s) of pet are you interested in fostering? (circle)

Cat Kitten

What pet experience do you have?

Please describe the area where your foster animal would be kept. For cats/kittens where will you keep their litter box?

Please read the following statements and initial next to them to indicate that you understand and agree to abide by them.

_____ Your foster cat may not be litter-trained and kittens can be messy. You understand he/she may have accidents in your home.

_____ Like many cats, your foster cat may scratch on furniture, clothing, or other objects. You are comfortable working with this behavior. The foster home is responsible for any damage.

_____ You agree to keep your foster cat inside your home at all times.

_____ You will NOT take your foster animal to a veterinarian or administer medications unless directed to do so by FOF. FOF will not reimburse foster volunteers for any unapproved veterinary expenses.

_____ Representatives from FOF may need to contact or visit you to discuss the foster pet. You agree to be entirely honest and forthright in regard to your foster pet's condition, be it positive or negative.

_____ There is some risk to your own animals, especially if your foster animals are not kept separate. You understand that FOF is not responsible for your own pet's medical treatment.

_____ The FOF is the legal guardian of your foster animal. You understand FOF has the final authority in regard to the animal's adoption, treatment or disposition.

_____ You will not leave your foster animal in the care of another person, including potential adopters, without approval.

If you wish to keep your foster pet longer, this can often be arranged. If you decide you want to adopt your foster pet, you will have priority and qualify for a special, reduced price adoption.

By signing this form, you agree to the above statements and certify that the answers given above are true.

Signature: _____ Date: _____