Foster Application

Sections/Questions marked with an * are required. The rest - optional; appreciated if completed, but quite okay if not

Foster Preference & Experience – Check all that apply. Leave blank or write N/A if not applicable

Bottle baby kittens ____ Weaned kittens ____ Mom & kittens ____ Adolescents ____ Adults ____ Seniors ____
Timid ____ Special Needs _____ I have socialized kittens ____ I have bottle fed kittens _____
I have cared for a special needs cat _____ Details:_____

If you have other animals, can you isolate new fosters for 7-10 days in a separate room/crate/playpen? _____

Can you commit to fostering for at least 4-6 weeks minimum?* _____ (Maximum time is open-ended)

Can you provide photos/videos for adoption promos?* ____ Can you do meet & greets*: virtual ____ in person ____

Primary Applicant

First Name* _____
Last Name* _____
Phone* _____ Email* _____
Age ____ Pronouns _____
Do you travel extensively?* _____

Occupation _____
If not employed, means of support _____
If employed, employer information
Employer _____
Street _____ Floor/Suite _____
City _____ State ____ Zip _____
Phone _____ Ext ____ Start Date _____

Spouse/Partner of Primary Applicant

First Name* _____
Last Name* _____
Phone* _____ Email* _____
Age ____ Pronouns _____
Do you travel extensively?* _____

Occupation _____
If not employed, means of support _____
If employed, employer information
Employer _____
Street _____ Floor/Suite _____
City _____ State ____ Zip _____
Phone _____ Ext ____ Start Date _____

Residence where animal(s) will live*

Street* _____ Apt* _____
City* _____ State* ____ Zip* _____
Length of time at this address?* _____
Hours your pet will be alone each day* _____
Do all windows have screens?* _____
Screens are: built-in* _____ accordion* _____
Window pane type: Sliding_____ Casement_____
Is there a balcony or terrace?* _____
Is it enclosed top to bottom? * _____
Does it have a screen door? * _____
Is there a backyard?* _____ Fenced in?* _____
Will your animal go outside?* _____

Do you own/rent/sublet?* _____
Is this a house/apartment/other?* _____
Are pets permitted?* _____
Would you move somewhere that does not permit pets?*
_____

Who else lives in the home?*
Children? _____ Ages _____
Children _____ Ages _____
Roommates? _____ Ages _____
Other? _____ Ages _____
Person allergic to cats?* _____ Smoker?* _____

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References

Veterinarian for current or previous animals* (write N/A if no vet)

Clinic Name* _____

Street _____ Suite _____

City* _____ State* _____ Zip _____

Phone _____

Name records are under* _____

Personal Reference - someone who knows your history with animals or just knows you well *

Name _____

Phone _____

Affiliation_____ Years known _____

Email _____

Business Reference (manager, co-worker, client) [optional]

Name _____

Phone _____ Ext _____

Affiliation_____ Years known _____

Companion Animal (Pet) History*

Have you had pets before?* _____

If so, where are they now?*_____

_____

Have you given up an animal for adoption?* _____

If so, why?*_____

If you have pets now, what kind/how many/age(s)?*

_____

_____

Are they up-to-date on vaccinations?* _____

Are they Spayed/neutered?* _____

Are they FIV or FeLV +ve?*: FIV+ _____ FeLV+____

How do you feel about declawing?* _____

If your current or prior cat was declawed, why?*

_____

Who will care for the animal if you are away?*

_____

_____

Is there anything else you want us to know?

Certification / Authorization*

1. The information provided on this application is complete and accurate to the best of my knowledge.
2. I am fostering this animal as a foster pet/ foster companion-animal for myself.
3. No one in the household has been convicted of animal neglect, animal cruelty, or domestic violence.
4. I authorize the Rescuer/Rescue Group/volunteer to contact all references provided.
5. I understand that completion of this form is the first step in the foster process and does not guarantee a foster.
6. I understand that approval to foster does not guarantee approval to adopt.
7. Rescuer/Rescue Group/volunteer reserves the right to make an in-home safety screening with my permission.
8. If for any reason whatsoever I cannot continue to foster, I agree to return the animal(s) to the Rescuer/Rescue Group and only to the Rescuer(s)/Rescue Group volunteer(s)/ whose names are stated as follows: parkslopecats@gmail.com _____

*Primary Applicant

_____ I acknowledge that I have read and agree to the numbered items above.*

Signature* _____ Date* _____

*Spouse/Partner of Primary Applicant

_____ I acknowledge that I have read and agree to the numbered items above.*

Signature* _____ Date* _____

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NOTES:

Thank you for opening up your home to foster a rescue-animal! We are so grateful! #FosteringSavesLives