



Box 726 Altona, MB R0G 0B0  
 Ph. 204-304-9173  
 furever\_friends@icloud.com  
 fureverfriendsaltona.com

Date \_\_\_\_\_

Cat's Name \_\_\_\_\_

## FOSTER APPLICATION

### APPLICANT INFORMATION

Name		Street Address	
City	Province	Postal Code	
Home Phone #	Cell Phone #	Email Address	
Occupation and Place of Employment		Work Hours/Days	
Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		What time of day is best to contact you?	
Name of <b>additional</b> responsible adult in household	Occupation and place of employment	Phone #	

### HOUSEHOLD INFORMATION

<input type="checkbox"/> Rent <input type="checkbox"/> Single Family House <input type="checkbox"/> Multi Family House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condo		Length of time in current residence?
<input type="checkbox"/> Own <input type="checkbox"/> Live with friends/family/roomates <input type="checkbox"/> Other (explain)		
If <b>renting</b> , does your lease allow cats? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, the applicant is required to present a copy of the current lease. If No, provide Landlord's Name & Phone #	Is a Pet Deposit required? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many adults in your household?	How many children?	Ages of children:
If moving becomes necessary, what will you do with your foster pet(s) if you cannot find a residence that allows pets?		
Are any members of your household allergic to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Does everyone agree with fostering a cat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to let us visit your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the activity level in your home? <input type="checkbox"/> Quiet - 2 or less adults/seniors, no children, applicant(s) home most days. <input type="checkbox"/> Calm - 3 or less family members residing in the home, no young children, applicant(s) often home <input type="checkbox"/> Moderate - Applicants(s) work typical schedule (5 days per week, home most weekends). <input type="checkbox"/> Active - Multiple children, other pets, frequent visits by friends/family, busy weekend. <input type="checkbox"/> Other (explain):		

### PERSONAL REFERENCES *Please provide 3 personal references.*

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

**OTHER PETS** *List pets that you own, or have owned, in the past 5 years.*

Type of Animal	Name	Age	Gender	Spayed/Neutered	Still own? (If no, please explain)
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have your cats been tested for feline leukemia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Have your cats been tested for FIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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Do any of your house cats go outdoors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Are all of your pets up to date with vaccines? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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**VETERINARIAN INFORMATION**

*Please note: we will be contacting your vet for a reference. You need to call them to authorize the release of basic information.*

Name of your Veterinarian		Name of Vet Clinic or Hospital	
City	Province	Phone #	

**FOSTER CAT INFORMATION**

What type of animal are you interested in fostering? <input type="checkbox"/> Nursing Cat <input type="checkbox"/> Injured or Sick Cat <input type="checkbox"/> Orphaned Kittens <input type="checkbox"/> Undersocialized Cat <input type="checkbox"/> Healthy Cat/Kitten	Where will the animal be housed? <input type="checkbox"/> Inside & Loose <input type="checkbox"/> Inside & Separated  What age of cat are you looking for? <input type="checkbox"/> Kitten <input type="checkbox"/> Adult <input type="checkbox"/> Senior
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If you are interested in a kitten under 4 months old, would you be interested in fostering two?       Yes       No

Do you prefer?    Male       Female       Doesn't Matter      Do you prefer?    Short Hair       Long Hair       Doesn't Matter

How many hours per day will the cat be without companionship?	Where will the cat be kept during this "alone" time?
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Where do you think the cat will sleep at night?	Who will be primarily responsible for the care of the cat?
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What arrangements would you make for the care of the cat when you go on vacation?

How often would you like to foster?    All Year    Call Me Anytime    Emergencies Only    Other (explain)

Do you have prior experience with the type of foster care you are willing to provide?       Yes       No

Do you have a confinement area to isolate the foster animal(s) for health reasons?       Yes       No

Are you able to keep the foster animal(s) separated from your own animals?       Yes       No

Are you willing to bring the foster animals to the veterinary clinic for check-ups, vaccinations, etc.?       Yes       No

Are you willing to administer medications should the foster animal(s) require them?       Yes       No

Are you willing to work with your foster animal(s) in areas such as socializing and housetraining?       Yes       No

Are you willing to be listed as an emergency foster home in case an animal comes unexpectedly to the care of Forever Friends Cat Rescue and needs to be placed immediately in a foster home?       Yes       No

## PAST EXPERIENCE

Have you ever fostered a cat from an Animal Shelter, Pound or Rescue organization?

Yes

No

Have you ever been rejected from an Animal Shelter, Pound, or Rescue organization?

Yes

No

Have you ever surrendered an animal to an Animal Shelter, Rescue, friend or family?

Yes

No

If Yes, please explain:

## TERMS AND CONDITIONS

- The foster animal(s) is only temporarily in your care and remains the property of Furever Friends Cat Rescue.
- The purpose of foster care is to provide special care for the animal(s) to make it more adoptable.
- The adoption of a foster care animal(s) will be made through the Furever Friends Cat Rescue and is subject to the same guidelines as any other adoption. Foster care providers are encouraged to assist in the placement process of their foster animal(s), but cannot make any decisions regarding the final placement of the animal(s).
- All foster cats and kittens will be kept indoors at all times.
- All medications should be administered according to directions supplied by Furever Friends Cat Rescue, without the use of any home remedies.
- Foster animal(s) should always wear a collar and an identification tag, supplied by Furever Friends Cat Rescue.
- All foster animal(s) need to be available for potential adopter visits. Furever Friends Cat Rescue may transport the foster animal(s) to the potential adoptive home so an adopter does not have to come to your home. We will arrange whatever is most comfortable and convenient for you.

## APPLICANT SIGNATURE