

St. Francis Society Animal Rescue Cat Foster Home Program Application

Date: _____

Name: _____

Address: _____
(street)(city/state/zip)

Home Phone: (____)_____ Work Phone: (____)_____

Email Address: _____

Work Location: _____

Please complete the following questionnaire. If an answer does not apply to you, please indicate so by writing "N/A". Please do not leave any blanks. "SFS" = St. Francis Society

1. What kind of animal would you like to foster? (circle appropriate choices) Cat Kitten

2. Are you able to foster cats that are extremely timid and scared? This type of socializing can take from 3 weeks to 3 months or more. _____.

3. Have you ever cared for orphaned newborn kittens? _____ Are you willing to take in orphaned newborn kittens (feeding every 2 hours; stimulate to excrete waste, etc.)? _____

Please explain how you will be able to attend to the kittens at least every 2 hours.

4. Are you only willing to foster cats or kittens that have no special needs? _____

5. How many cats or kittens are you able to foster at one time? _____

6. Fostering usually takes a substantial amount of time. Are you willing to foster this cat or kitten until there is a space available for it at an adoption location? _____

7. If you can only foster for a limited time, which cat you may foster, will depend upon how long you can foster the cat/kitten(s). Indicate how long you can foster: _____

8. SFS makes every attempt to provide food and litter for fostered cats and kittens from donations. These supplies are at PetsMart. However, at times there may not be enough. Do you agree to feed and provide litter for the animal at your expense in this case? _____

9. In which type of dwelling do you live? (Circle one) Apartment Duplex Condo Town Home

Single Family Home Single Family Mobil Home Other _____

10. Do you rent or own your dwelling? _____

11. If you rent, please provide the name, address and telephone number of your landlord:

Name: _____ Phone Number: _____

Address: _____

12. Please attach proof to this application that you are allowed to have animals in your rented dwelling.

13. Are you willing to keep the cat/kittens indoors at all times? (Screened porches are acceptable.) _____

14. Are you willing to keep the cat/kitten in foster if it becomes ill with a cold or has to undergo worming treatment?

15. Are you willing to keep the cat/kitten in foster if it becomes seriously ill? (SFS will provide medications and veterinary treatments.) _____

16. Do you have pets that are loose in the house? (Do not include fish, mammals and amphibians, etc. that are in cages.) If so, indicate how many: ____ Cat(s) ____ Kitten(s) ____ Dog(s) ____ Puppy(s) Other:

17. Do any of your pets have health concerns, for example, are FIV Positive? If yes, please explain:

18. Have any of your cats been found to be positive for carrying the feline leukemia virus? _____

19. Are all your pets spayed _____ neutered _____? If not, please explain.

20. Please indicate the preventative health measures taken for your pet(s)

a. Cats: FVRCP _____ Rabies _____ FIP _____ FELV _____

Flea control (type) _____ Parasite (worm) control: _____

b. Dogs: Heartworm preventative (type) _____ Parasite (worm) control _____

Flea control (type) _____ List vaccinations: _____

21. Who is your veterinarian? _____ Phone (____) _____

22. Have your pets had experience with cats in the household? Please explain. _____

23. Are there children in the household? _____ If yes, indicate how many and their ages:

24. Does anyone in the house have any known allergies to cats? _____ If yes, please explain how you will manage with the foster pet. _____
25. Are you able to keep the foster pet separated from the household pets? _____ If yes, for how long can you provide separate places for the foster pet(s)? _____
26. How many hours per day will the foster pet be alone? _____ hrs.
27. Have you adopted any animals from **SFS** before? _____ (who?) _____
28. Are you prepared to bring the foster pet to: the veterinarian for exam(s), vaccinations, spay or neuter?

29. Are you willing to meet a **SFS** Board member at PetsMart or a location of mutual agreement to have them administer vaccinations, flea control, worming medicine, etc.? _____
30. Are you willing to take the cat or kitten to either PetsMart or a Pet Supermarket location for adoption when notified? _____ (Note, there may be a pet-taxi volunteer able to help you with this.)
31. Please describe your experience with handling cats with respect to litter training and behavioral discipline (such as clawing furniture, missing the litter box, etc.)

32. Do all appropriate family members agree to this foster program? _____ (Their signature will be required below.)
33. Do you agree to unannounced visit(s) from a **SFS** Board member to your home? _____
34. Do you agree to notify **SFS** at least one week in advance of needing to have the fostered cat or kitten placed elsewhere? _____ (exception would be for an emergency on the part of you or your family, or on the part of serious illness of the fostered pet)
35. Do you agree to give up the foster cat or kitten to a permanent home when requested to do so by **SFS**?

36. Do you agree to **not** place the foster cat or kitten with anyone other than one that is pre-approved by a **SFS** Board Member? _____
37. Do you agree to pay veterinarian bills for procedures you have requested that are not approved by **SFS**?

38. Do you agree to hold **SFS** harmless from infections and diseases to your pet(s) that are spread due to (a) you not keeping the fostered pet separated in the home, and (b) your pet not having adequate preventative health measures? _____
39. Most of these cats come from histories of abuse. If accepted, you will be given Foster Guidelines which recommends that the fostered cat be watched initially for signs of destructive behavior. If destructive behavior is noticed, there are steps to take such as using a spray bottle for clawing, verbal and physical praise but only verbal disapproval, etc. Do you agree to isolate or otherwise handle any destructive behavior appropriately without the use

of physical discipline? _____

40. Do you agree to notify **SFS**, immediately, if any destructive behavior is noticed? _____

41. If you choose to work with the cat on its destructive behavior, do you agree to hold **SFS** harmless from any damages to your home that may occur due to fostering the animal? _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Make sure no spaces for answers are left blank.

Promise to Foster Families: St. Francis Society Animal Rescue will never knowingly place an ill feline or a poorly socialized feline in a foster family without first apprising the foster family of the situation. Thank you for your application.

For St. Francis use only : Approved _____ Denied _____

Reason: _____

Date: _____ St. Francis Board Member: _____

(signature)