



Foster Home Application – Cat/Kitten

Please answer the following questions so we may make the best possible match for you and a foster animal.

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Employed by: _____ How long? _____ Work Phone: _____

No. of adults in household _____ Ages of any children _____

Do you live in ___ House ___ Condo/Townhome ___ Apt. ___ Mobile Home ___ Other _____

Do you own or rent? _____ Is a pet deposit required? ___ yes ___ no Paid? ___ yes ___ no

Landlord/Complex/Phone _____

How long at this address? _____

Where will the cat stay during the day? _____ At night? _____

When you aren't at home? _____ How long might the animal be left alone? _____

Please list all pets you currently have in your home:

Name	Dog/Cat/Other	Age	Spayed/Neutered?	Current of Vaccinations?	Inside/Outside

What veterinarian do you use? _____

Have your cat(s) been tested for feline leukemia and FIV? ___ yes ___ no Results: _____

Are your cat(s) current on vaccinations? ___ yes ___ no Due date: _____

Why do you want to foster? _____

Is everyone in the household committed to being a foster family? ___ yes ___ no

How long are you willing to foster a particular animal? (circle one)

WEEK MONTH AS LONG AS IT TAKES OTHER _____

How did you hear about APAWS? _____

Please check the type of animals you would be interested in fostering:

- | | |
|--|---|
| <input type="checkbox"/> Newborn kittens (orphaned, to bottle feed and wean) | <input type="checkbox"/> Adult female |
| <input type="checkbox"/> Mother and kittens | <input type="checkbox"/> Adult male |
| <input type="checkbox"/> Kitten (7-12 weeks) | <input type="checkbox"/> Declawed (either male or female) |
| <input type="checkbox"/> Litter of kittens (2-4) | <input type="checkbox"/> Declawed female |
| <input type="checkbox"/> Litter of kittens (4+) | <input type="checkbox"/> Declawed male |
| <input type="checkbox"/> Special needs | |

_____ **EMERGENCY FOSTER ONLY.** Sometimes pets are brought from vet's offices or found on weekends. Check if you can foster until the vet's offices open on Monday.

Thank you for taking the time to fill out this application completely and thank you for applying to become a foster parent. Please remember that all food and medical needs are provided...All you supply is LOVE. We will be in touch with you soon.

APPLICANT'S SIGNATURE

DATE

APAWS REPRESENTATIVE

DATE



Hold Harmless Agreement

Thank you for your interest in becoming a foster parent for a homeless pet. Please read and sign the following. It will give you more information regarding the responsibilities of an Animal Protection and Welfare Society (APAWS) foster parent.

I am over the age of eighteen (18) and am interested in helping APAWS as a volunteer foster parent.

All of my animals will be current on ALL of their vaccinations before a foster animal is placed in my home. I understand that APAWS foster animals will be checked by a veterinarian including, for cats/kitten FeLV/FIV tested, and vaccinated (rabies and RCP or RCCP) and for dog/puppies heartworm tested and vaccinated (rabies, DHLPPC, Bordatella (kennel cough)), unless they are underage for any of these procedures. However, I also understand that the history of most foster animals is unknown and APAWS will not be held responsible for any inadvertent exposure of foster parents or their own animals to unknown diseases or other medical conditions. I knowingly accept this risk on behalf of myself and my own animals. I understand that APAWS expects foster parents to follow good hygiene practices at all times and suggests keeping the foster animal isolated from other animals for a period of seven to ten days (inclusive of initial stay at the veterinarian) when the animal is first introduced into the foster parent's home.

I will bring my foster animal to scheduled adoption events as notified by APAWS. If I cannot transport my adoptable foster animal to an adoption event for any reason, I will notify APAWS and use my best efforts to help make alternate arrangements for its attendance at the adoption event.

I understand that my foster animal must be adopted out through APAWS' adoption procedures (including an application and interview) at a fee of \$75.00.

I will provide loving attention and proper care for my foster animal and understand that APAWS has the right to remove any animal from a foster home, if it would be in the best interest of the animal and/or the foster home. I will transport my foster animal to a veterinarian when necessary and will contact the appropriate APAWS representative prior to taking a foster animal to the veterinarian, unless the situation is an emergency. I will keep a record of the animal's name and APAWS number to be given to the veterinarian at the time of treatment.

I authorize APAWS to contact any person or entity named in this application to verify the information given. An APAWS representative may visit my home before this application is approved or during the time that I am fostering an animal for APAWS.

I understand that APAWS will not be liable for any injury or damage to persons or property caused by a foster animal in my care and I agree to indemnify and hold APAWS harmless from any such injury or damage.

Applicant's Signature

Date

APAWS Representative's Signature

Date