



Capital Area Animal Welfare Society CAT FOSTER HOME APPLICATION

Thank you for applying to CAAWS to become a foster parent. Without foster homes, CAAWS would not be able to provide a second chance for so many loving and deserving animals. Please take time to fill out this form very carefully so that we may make the best possible foster placement – the right animal with the right temporary home. We want your experience at fostering to be one of the most rewarding experiences that you and your foster can have.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Employer: _____ Position: _____ How long? _____
Nbr. of Adults in Household: _____ Children? _____ Ages? _____
Do you live in: ___ House ___ Condo/Townhouse ___ Apartment ___ Mobile Home Other _____
Do you own or rent your home? _____ How long at this address? _____
Where will your foster be kept during the day? _____
At night? _____ When you aren't home? _____
How long will foster be left unattended? _____
Home and work schedule: _____

How many pets do you currently have in your home? _____ Please list:

- | | | | | | |
|----------------|------------|------------|-----------------------|-----------------|----------------------|
| 1. Breed _____ | Age: _____ | Sex: _____ | Neutered/Spayed _____ | Unaltered _____ | Inside/Outside _____ |
| 2. Breed _____ | Age: _____ | Sex: _____ | Neutered/Spayed _____ | Unaltered _____ | Inside/Outside _____ |
| 3. Breed _____ | Age: _____ | Sex: _____ | Neutered/Spayed _____ | Unaltered _____ | Inside/Outside _____ |
| 4. Breed _____ | Age: _____ | Sex: _____ | Neutered/Spayed _____ | Unaltered _____ | Inside/Outside _____ |
| 5. Breed _____ | Age: _____ | Sex: _____ | Neutered/Spayed _____ | Unaltered _____ | Inside/Outside _____ |

What animal hospital do you use?

If you have cats/kittens, have they been FeLV/FIV tested? _____ Results? _____

Do you have a doggie door? _____ Will your foster cat have access to it? _____

Why do you want to foster? _____

Has everyone in the family discussed being a foster parent? _____ Remember that companion animals will be a part of the entire family and will need the love and guidance of every family member.

How long are you willing to foster a particular cat?

_____ Week _____ Month _____ As long as necessary

Have you ever bottle-fed orphaned kittens? _____ Would you like to? _____

Sometimes a foster home will be needed IMMEDIATELY following a Pet Adoption Day. Would you be willing to take an animal on short notice? _____

How did you hear about our Foster Program? _____

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

- | | |
|-------------------------------------|---|
| NEWBORN ORPHANED KITTENS | MOTHER AND KITTENS |
| UNDERAGE KITTENS (3-7 WEEKS) | KITTENS (7-12 WEEKS) |
| JUVENILE (3-6 MONTHS) | ADULT FEMALE |
| ADULT MALE | SPECIAL NEEDS CAT
(may require vet care and medication) |

I WISH TO BE AN EMERGENCY ONLY FOSTER HOME

Name of friend or relative not living with you: _____

Relationship: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

To be considered for the volunteer position of Foster Parent, you must read and agree to the following:

I, _____, am over the age of eighteen (18). All animals in my household will be current on ALL their vaccinations before a foster animal is placed in my home. I agree to bring my foster animal to the CAAWS adoption center between 9:30 and 10:00 on Saturdays for Pet Adoption Day according to the following schedule: At least 1 Saturdays per month if the foster animal is 6 months or older, at least 3 Saturdays per month if the foster animal is less than 6 months old or any Saturday that an ad is currently being run in the newspaper or any mutually agreed upon time that special arrangements have been made for a potential adopter to meet the foster animal. I agree to pick up my foster animal by 2:30 PM from Pet Adoption Day if it is not adopted, unless other arrangements have been made in advance. I am willing and able to provide loving attention and proper care for my foster animals and understand that CAAWS has the right to remove any animal from a foster home if that would be in the best interest of the animal and/or the foster home. I am able and willing to transport a foster animal to a veterinarian when necessary and will keep a record of the animal's name and foster number to be given to the veterinarian at the time of service. I will contact the Cat Foster/Adoption Chairperson prior to taking a foster animal to the veterinarian unless the situation is an emergency or I cannot reach the Cat Foster/Adoption Chairperson within a 24-hour period. I certify that the information contained in this application is true and correct to the best of my knowledge. I authorize CAAWS to contact any person or entity named in this application to verify information given and I am willing to have a CAAWS representative visit my home before this application is approved or during the time that I am fostering an animal for CAAWS. I understand that CAAWS will not be liable for any injury or damage to persons or things caused by a foster animal in my care and I agree to indemnify and hold CAAWS harmless from any such injury or damage.

Applicant's Signature

Date

Approved by

Date

Notes: _____

