



PURR-FECT HAVEN CAT RESCUE

Foster Application

Your Name: _____ Date of Birth: _____

Name of Spouse/Roommate: _____

Phone: (h) _____ (w) _____ (c) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Driver's License #: _____

(*A home visit may be required prior to animals being placed in my home.)

Do you? Own _____ Rent _____ Live with a family member _____

Where do you live? House _____ Condo/Apartment _____ Mobile Home _____

Student or Military Housing _____

Does your apartment/condo association allow pets? _____ How much is the pet deposit? _____

How many adults in your household? _____ How many children under the age of 18? _____ Ages: _____

Has anyone in your household been told they were allergic to cats or dogs? _____

Are all members of your household aware of your plans to foster an animal? _____

Who will be responsible for providing daily care for the animal? _____

How many hours per day will the animal be left alone? _____

Where will the animal be kept? (Circle all that apply) Loose in house, Bathroom, Separate area in the house, Outdoor kennel,

Indoor crate/kennel, Garage, Basement, Other (Please Specify) _____

Can you provide transportation to the veterinarian, PetSmart etc.? _____

Please list 2 local references: (At least one reference must not be related to you)

Name _____ Address _____

Relation _____ Phone _____ Time acquainted _____

Name _____ Address _____

Relation _____ Phone _____ Time acquainted _____

What pets do you **currently** have in your home? (Please include small caged animals and dogs and cats that live outside). Use additional paper if necessary.

NAME	BREED	AGE	SEX	S/N	DECLAW	DATE LAST SEEN AT VET	WHERE KEPT?
				Y N	Y N		
				Y N	Y N		
				Y N	Y N		

Do any of your pets have any health issues? _____

Who is your veterinarian? _____ Phone number: _____

If you have pets, are their vaccinations current: _____

Has your cat(s) been tested for the Feline Leukemia and Feline Aids viruses? _____ When? _____

Are you willing and able to provide oral medication to an animal? _____

Are you willing and able to change an animal's bandage? _____

Are you willing and able to deal with minor behavior problems, e.g. shyness, food aggression, hiding, etc.? _____

Are you willing to foster cats that require quarantine from other animals, for things like fecal parasites, food allergies, fungal skin infections, upper respiratory infections, etc. where they should be kept separate from other pets? _____

What type of animals are you willing to foster? Please indicate the number of animals that you are able to foster from each category selected. Please indicate "or" where appropriate. (For example: 1 mother & kittens or 4 kittens.)

Bottle Baby Kittens _____ Weaned Kittens _____ Pregnant Cats _____

Mother & kittens _____ Adult Cats _____

Please specify the training or experience that you feel qualifies you to foster the specific type of animals that you have indicated and relates to your abilities to medicate, etc:

I hereby certify that the information supplied by me on this form is true and correct. I have carefully read and completed this application and I agree to its terms.

- Purr-fect Haven has the right to approve or deny my application for any reason, and to investigate any and all statements made by me or other members of my household in regards to this application.
- I am eighteen (18) years of age or older.
- I have the consent of all adults living in my household.

If approved to foster, I:

1. Acknowledge that this animal(s) belongs to Purr-Fect Haven Cat Rescue, and I will promptly return the animal when requested;
2. Agree to bring the animal to Purr-Fect Haven Cat Rescue for all shots, medical evaluations, and to have it spayed/neutered if/when it is due;
3. Acknowledge that the behavior of the animal, while in my care, is my responsibility and agree to indemnify and hold harmless Purr-Fect Haven Cat Rescue;
4. Shall not hold Purr-fect Haven responsible for errors in information about this cat provided by third parties. I understand that the actions of animals are often unpredictable, that cats should be closely supervised when they are with children, that an animal's behavior may change once it accustoms itself to a new environment, and that Purr-fect Haven makes no claims or representations as to the health, temperament or mental disposition of this cat.
5. Agree that I will be responsible for maintaining the health and daily care of the animal and will contact Purr-Fect Haven Cat Rescue immediately to arrange for veterinary treatment if necessary. Veterinary care provided without Purr-fect Haven's authorization will be at my own expense;
6. Agree that if the animal becomes ill or injured while in my care due to negligence or inappropriate care, I will be responsible for the veterinary bills;
7. Agree that even though I am fostering an animal there is no understanding that my application to adopt this, or any other animal, will be approved;
8. Understand that a home visit prior to receiving foster animals will be required.

Name (please print)

Signature

Date

Please submit this form by emailing it to phcradopt@gmail.com or handing it to a Purr-Fect Haven volunteer. If you have any questions about our foster policies, please email Elizabeth at phcradopt@gmail.com or call (302) 786-2219. Because we are an all-volunteer organization, email is the best way to reach us and receives a faster response.

