

# Cat Around Town Project



## Foster Application

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### Contact Information:

Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Relationship to Co-Applicant: \_\_\_\_\_

If the co-applicant listed is your significant other, how long together? \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 21 years of age or older?  Yes  No

Co-Appl. Cell Phone: \_\_\_\_\_ Co-Appl. Email Address: \_\_\_\_\_

### Family Information:

Are you or the Co-Applicant a student? \_\_\_\_\_

Number of adults in household? \_\_\_\_\_ Ages? \_\_\_\_\_

Number of children in household? \_\_\_\_\_ Ages? \_\_\_\_\_

Are you willing to teach young children the proper care and treatment of this cat?  Yes  No

Besides your immediate family, are others residing in your home?  Yes  No

Names & Ages of other residents: \_\_\_\_\_ Relationship of other residents: \_\_\_\_\_

Is everyone in the home in agreement with adopting a cat?  Yes  No

Is anyone in your home allergic to cats?  Yes  No

**Home Information:**

Do you own or rent your home? \_\_\_\_\_ How long have you lived at your current address? \_\_\_\_\_

Please describe – house, apartment, townhouse, condo? \_\_\_\_\_

If you rent, please provide your landlord's name & phone number: \_\_\_\_\_

Do you have the permission of your landlord to have a foster cat?  Yes  No

Is a pet deposit required?  Yes  No Paid?  Yes  No

**Current Pet Information:**

Do you own any pets now?  Yes  No Are all your current pets Spayed/ Neutered?  Yes  No

If yes, how many of each type: \_\_\_ Cats \_\_\_ Dogs \_\_\_ Other Pets

If you have dogs, what breeds: \_\_\_\_\_

Are your current pets on monthly flea preventive treatment?  Yes  No

Are your current pets up to date on all vaccinations?  Yes  No

Have your current cats been tested for feline leukemia and FIV?  Yes  No Results: \_\_\_\_\_

Do any pets have health issues that could affect a foster cat?  Yes  No

If YES, please describe: \_\_\_\_\_

Do your current pets get along with other cats? If you think there may be a conflict, please describe how you will keep the foster cat separate from your family pet(s) \_\_\_\_\_

**Foster Information:**

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

Week  Month  As Long as Needed  Other: \_\_\_\_\_

Please describe where the cat will stay during the day, at night, and when you aren't home: \_\_\_\_\_

I am interested in fostering (Check ALL that apply):

- Kitten (6 weeks – 6 months)
- Kitten (6 months – 1 year)
- Bottle fed Kittens
- Litter of Kittens
- Special Needs
- Pregnant Cat
- Young Cat (3 years - 7 years)
- Senior Cat (7 years +)
- Emergency Foster Only

Briefly tell us why you would like to be a foster parent: \_\_\_\_\_

\_\_\_\_\_

Are you willing to transport the cat for any necessary veterinary care? (Note: Cat Around Town has designated veterinarians).  Yes  No

Note: The Cat Around Town Project covers the medical expenses for all foster animals. However, our vet care costs are only discounted through particular vets and therefore they are the only clinics we currently use for routine care. With the obvious exception of a life threatening medical emergency, if you should decide to take your foster animal to a different vet for convenience or any other reason, The Cat Around Town Project will not be able to cover the cost of the visit. Thank you for your understanding.

Are you willing to meet with a potential adopter either at their home?  Yes  No

Are you willing to pick up the cat on the first day of your foster period, and transport the cat to The Cat Around Town Project (or another designated location) on the last day of your foster period?  Yes  No

A home visit is **required** prior to approval of fostering. Will you permit a home visit by a Cat Around Town Project representative?  Yes  No

I/we attest that the information provided on this form is true and accurate to the best of my/our knowledge.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Co-applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-applicant's Printed Name: \_\_\_\_\_

***Thank you for applying to become a foster parent. Our Foster Home Coordinator will be in touch with you soon.***