# FELINE FRIENDS FOSTER CARE APPLICATION

Name:	Date:
Address:	
Home phone:	Office phone:
Mobile phone:	Email address:
1- Is anyone in your household alle Yes No	ergic to animals? Immunodepressed?
2- How many people live in your ho	ome? Adults Children Elderly
3- Who will be responsible for the	care of the cat?
<ul> <li>4- Do you own or rent?</li> <li>If you rent, does your landlord a Yes</li> <li>5- Do you own any pets at the presult yes, please list below:</li> </ul>	No
Name:	Name:
Breed:	Breed:
Age:	Age:
Sterilized:	Sterilized:
Fully vaccinated:	Fully vaccinated:
Your vet's name and Tel:	
6- Please provide two personal ref	erences:
Name:	Telephone:
Name:	
7- Do you object to Feline Friends' on the cat whilst it is in your care?	representative coming to your home to check Yes No
8- How long are you willing to care	for a Foster cat?
9- Have you fostered an animal be	fore? Yes No
If yes, for whom and for how lor	ng?
Please describe the animal you	have fostered

10- Why do you want to foster a cat	?		
11- Have you ever cared for a sick or injured animal? Yes No			
If yes, please describe			
12- Would you be willing to attend a medications and other treatments?	short training session on administering Yes No		
13- Do you have a separate room in	your home for a foster cat? Yes No		
If yes, please describe			
14- If required, could you keep your own pets separated from foster cats?  Yes No			
15- If the foster cat falls sick, will you contact Feline Friends immediately?  Yes No			
16- Are your own pets' vaccinations	up to date? Yes No		
Dogs:			
Dog's Name:	Dog's Name:		
Distemper expires:	Distemper expires:		
Rabies expires:	Rabies expires:		
Frontlined when?	Frontlined when?		
Cats:			
Cat's Name:	Cat's Name:		
Panleauk expires:	Panleauk expires:		
Rabies expires:	Rabies expires:		
Frontlined when?	Frontlined when?		
Do any of your own note have any a	ilments or conditions that we need to know o		

Do any of your own pets have any ailments or conditions that we need to know of ie ever been diagnosed with cat flu, ringworm, herpes virus, FIV, FeLV?

### **FOSTER CAT'S HEALTH & DISPOSITION**

Feline Friends naturally cannot guarantee the health or the disposition of any foster cat/kitten. We do not have the past health records for the animals and there is some risk associated with taking foster animals. Your family pets should be current on all shots and foster pets should be kept isolated from your own pets, for the protection of all the animals in your care.

#### **EXPENSES**

Because of our limited funds, Feline Friends does not have a full time vet on our staff. AVC (American Veterinary Center) and BVC (British Veterinary Clinic) kindly offer their services to FF at reduced rates. If a foster pet requires veterinary assistance, please call the Homing and Fostering phone on 050-823 1569 to make FF aware of the problem and to authorize the vet visit.

## TRANSFER OF ANIMALS

Foster animals cannot be transferred to the custody of any person without the prior consent and agreement of Feline Friends Homing and Fostering.

#### **ADOPTION**

Foster parents are encouraged to try and find prospective owners for heir fostered animals. Prospective adopters must meet the Feline Friends' guidelines including updated vaccinations, the animal being spayed or neutered and the adoption paperwork completed.

# **RETURN OF ANIMALS**

By signing this form below, please understand that any animals you have fostered must be returned to Feline Friends when requested. Animals can have their foster dates extended by mutual agreement of both parties.

#### **DECLARATION**

The Applicant confirms that the information provided on this form to Feline Friends is correct to the best of their knowledge. Please advise us if any of the information changes, so we can update your records. The Applicant agrees that Feline Friends may contact their vet to confirm the status and medical history of their pets.

Foster Care Applicant	Date
Feline Friends, Homing & Fostering Coordinator	Date