



860-672-6346

FELINE FOSTER CARE APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ ARE YOU OVER 21 YEARS OLD? _____

EMPLOYER AND PHONE: _____

THE FELINE FOSTER PROGRAM IS NOT A MEANS TO TEMPORARILY OWN OR TRY OUT A CAT. IT IS AN IMPORTANT AND OFTEN LIFE-SAVING ALTERNATIVE TO SHELTER LIFE FOR SPECIFICALLY SELECTED CATS.

CATS SELECTED FOR FOSTER CARE GENERALLY FIT INTO ONE OF SEVERAL CATEGORIES. PLEASE INDICATE WHICH TYPE(S) OF CAT YOU WISH TO FOSTER.

_____ **MOTHERS WITH NURSING KITTENS.**

_____ **BOTTLE FED BABIES (VERY TIME-SENSITIVE)**

_____ **SPECIAL NEEDS OR RECOVERING CATS**

_____ **PREGNANT FEMALES**

WHY DO YOU INTERESTED IN FOSTERING A CAT?

WHAT CAT EXPERIENCE DO YOU HAVE?

WHICH ANIMALS DO YOU CURRENTLY HAVE IN YOUR HOME?

WE USE YOU CURRENT VETERINARIAN AS A REFERENCE. PLEASE LIST THEIR NAME AND PHONE NUMBER BELOW AND CALL TO RELEASE YOUR RECORDS FOR WHEN WE CALL.

HAVE YOU EVER FOSTERED ANIMALS BEFORE? YES NO

IF YES, WHICH ORGANIZATION DID YOU FOSTER FOR? _____

DO YOU RENT OR OWN YOUR HOME? RENT OWN

IF YOU RENT, LANDLORD NAME AND NUMBER:

HOW MANY PEOPLE RESIDE IN YOUR HOME? _____ AGES OF CHILDREN UNDER 18: _____

WE DO HOME VISITS ON EVERY APPLICANT WHO PASSES THE INTIAL SCENING OF OUR FOSTER APPLICATION. ARE YOU WILLING TO LET A RESPRESENTATIVE OF THE LITTLE GUILD OF ST. FRANCIS VISIT YOUR HOME? YES NO

PLEASE READ THE FOLLOWING STATEMENTS ABOUT THE FELINE FOSTER PROGRAM AND INTIAL NEXT TO THEM TO INDICATE THAT YOU UNDERSTAND AND AGREE TO ABIDE BY THEM.

_____ YOUR FOSTER CAT MUST STAY INDOORS AT ALL TIMES.

_____ LIKE MANY CATS, YOUR FOSTER CAT MAY SCRATCH ON FURNITURE, CLOTHING, OR OTHER OBJECTS. YOU ARE COMFORTABLE WORKING WITH THIS BEHAVIOR.

_____ ALL MEDICAL TREATMENT WILL BE DONE AT THE LITTLE GUILD BY TRAINED STAFF.

_____ REPRESENTATIVES OF THE LITTLE GUILD MAY NEED TO CONTACT OR VISIT YOU TO DISCUSS THE CAT. YOU AGREE TO BE ENTIRELY HONEST AND FORTHRIGHT REGARDING THE CAT'S CONDITION, BE IT POSITIVE OR NEGATIVE.

_____ THE LITTLE GUILD OF ST. FRANCIS IS THE LEGAL GUARDIAN OF YOUR FOSTER CAT. YOU UNDERSTAND THE LITTLE GUILD HAS THE FINAL AUTHORITY IN REGARDS TO THE ADOPTION AND/OR TREATMENT OF THE CAT.

ALL FOSTER PARENTS MUST TAKE PART IN A ONE ON ONE MEETING, FOSTER PARENTH ORIENTATION AND HOME VISIT. WHEN YOUR APPLICATION IS APPROVED, YOU WILL BE CONTACTED TO SCHEDULE A MEETING WITH A SHELTER REPRESENTATIVE.

PLEASE SIGN BELOW TO INDICATE THAT EVERYTHING ON THIS FORM IS TRUE AND AS COMPLETE AS POSSIBLE.

SIGNATURE: _____ DATE:

OFFICE US ONLY:

VET REFERENCE:

LANDLORD REFERENCE:

INTERVIEW SCHEDULED: _____ DATE:

COMMENTS:

HOME VISIT SCHEDULED: _____ DATE: _____

COMMENTS:

ORIENTATION DATE: _____ **ATTENDED:**

APPROVED

DENIED

STAFF SIGNATURE: _____ **DATE:**
