

Forgotten Felines & Fidos Foster Care Applications



Name:		Today's date:	
Address:		Home Phone:	
City:	Zip:	Work Phone:	
E-Mail Address:		Cell Phone:	

Are you over 18? YES NO

If **NO** please provide name and phone number of legal guardian

Guardian Name: _____ Guardian Phone: _____

Do you live in a Single-family home Duplex Condo/Townhouse Apartment
 Do you: *(please check)* Own Rent Rent to Own Live with relatives or friends

If you **Do Not Own**, please list

Property owner/landlords name: _____
 Property owner's/landlord's phone #: _____

Current Pets:		<i>(please circle)</i>							
Name	Breed	M	F	Spayed/Neutered		Vaccinated		Kept In/Out	
		M	F	Spayed	Neutered	Yes	No	Kept In	Out
		M	F	Spayed	Neutered	Yes	No	Kept In	Out
		M	F	Spayed	Neutered	Yes	No	Kept In	Out
		M	F	Spayed	Neutered	Yes	No	Kept In	Out
		M	F	Spayed	Neutered	Yes	No	Kept In	Out

Veterinarian: _____ Phone: _____

Household members			
Name	Age	Name	Age

Provide three references we can contact :	
Name	Phone:

Have you ever fostered before? Yes No
 What type(s) of pets are you interested in fostering (circle) Cat Kitten

Return this form to:
 Forgotten Felines & Fidos
 Attn: Foster Coordinator
 P.O. Box 62,
 Germansville, PA 18053

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What pet experience do you have?

Describe the area where your foster animal would be kept. For cats/kittens where will you keep their litter box?

Read the following statements about our foster program and <i>initial</i> next to them to indicate that you understand and agree to abide by them.	
	Your foster cat may not be litter-trained and kittens can be messy. You understand he/she may have accidents in your home.
	Like many cats, your foster cat may scratch on furniture, clothing, or other objects. You are comfortable working with this behavior. The foster home is responsible for any damage.
	You agree to keep your foster cat inside your home at all times.
	You will NOT take your foster animal to a veterinarian or administer medications unless directed to do so by the shelter. The shelter will not reimburse foster volunteers for any unapproved veterinary expenses.
	Representatives from the shelter may need to contact or visit you to discuss the foster pet. You agree to be entirely honest and forthright in regard to your foster pet's condition, be it positive or negative.
	There is some risk to your own animals, especially if your foster animals are not kept separate, therefore you understand that you need to keep the foster cats separate from your household pets. The shelter is not responsible for your own pet's medical treatment.
	The shelter is the legal guardian of your foster animal. You understand the shelter has the final authority in regard to the animal's adoption, treatment or disposition.
	You will not leave your foster animal in the care of another person, including potential adopters, without approval.

Upon assignment of a foster pet, a shelter representative will contact you to schedule a family visit to the shelter. You will need to bring everyone that lives in your household

By signing this form, you agree to the above statements and certify that the answers given above are true. Completion of this application does not guarantee acceptance into our Foster Program.

Signature: _____ Date: _____

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