

CAT FOSTER PROVIDER

APPLICATION-DISCLAIMER

SOUTHWEST METRO ANIMAL RESCUE AND ADOPTION SOCIETY

P.O. Box 493, Chaska, Minnesota 55318 952-368-PAWS (7297)

Please take time to accurately complete the application. Thank you.

Date _____	Name _____
Name of Spouse _____	
Address _____	
City _____	State _____ Zip _____
Daytime Phone # () _____	Evening Phone # () _____
Driver's License # _____	
Are you under 21 years of age? Yes _____ No _____ If Yes, what is your age? _____	
E-mail address _____ Who to call in case of an emergency: _____	
Name of Auto Insurance Company: _____	
Policy #: _____	Expiration Date: _____
Name of Agency: _____	
Agency Phone #: _____	Contact Person: _____

Residence: (check one) ___ House ___ Condo ___ Apartment ___ Hobby Farm ___ Mobile Home
Do you Own or Rent? ___ Own ___ Rent If Rent, do you have permission from your landlord to foster a cat? Yes _____ No _____
Name of Landlord _____ Phone # () _____
Do you have children under the age of 18 living in the household? Yes _____ No _____ If yes, list their ages _____
If you have children, what has been their exposure to cats? None _____ Some _____ A lot _____
<i>Excluding</i> children, spouse and applicant, list any other residents living in the household
1) Name _____ Relation _____
2) Name _____ Relation _____
Is everyone living in the household aware of the decision to foster a cat? Yes _____ No _____
If not, list their name (s) _____
Who will be the person responsible for the daily care of the cat such as feeding and cleaning the litter box? _____
How many adult cats are living in the home? _____
What is the activity level of your household? ___ Quiet ___ Active ___ Very Active
How often do people visit your home? ___ Seldom ___ Occasionally ___ Very Frequently
Where will the cat be kept during the day when at work and/or away for the day? _____
Where will the cat be kept during the nighttime? _____
Are you interested in fostering an indoor or outdoor cat? ___ Indoors ___ Outdoors ___ Both
If both, explain _____

If this is *not* your first cat as an adult, what has been your experience with cats? _____ Had one or two _____ Knowledgeable & Experienced
Describe your past experience with cats and what educational experience you have had with cats. _____

Please provide a description of how you would correct your new kitten/cat if it showed destructive behavior like spraying, scratching or jumping on counter tops. _____

List all of the pets you have owned within the past 7 years:

PET #1 Dog___ Cat___ Spayed/Neutered? Yes___No___ Male___ Female___ Age_____

Housed: Indoors___ Outdoors___ Both___ If both, explain_____

Do you still have this pet? Yes___No___ If no, explain in detail what happened to the the pet_____

PET # 2 Dog___Cat___ Spayed/Neutered? Yes___No___ Male___ Female___ Age_____

Housed: Indoors___ Outdoors___ Both___ If both, explain_____

Do you still have this pet? Yes___No___ If no, explain in detail what happened to the pet_____

PET #3 Dog___Cat___ Spayed/Neutered? Yes___No___ Male___ Female___ Age_____

Housed: Indoors___ Outdoors___ Both___ If both, explain_____

Do you still have this pet? Yes___No___ If no, explain in detail what happened to the pet_____

(If extra space is needed to list additional pets, use a separate sheet of paper)

Have your own pets been introduced to other animals? Yes___ No___ If yes, how did they react?_____

Do you understand the steps required to properly introduce your foster cat to the other animals currently living in your home? Yes___ No___

Did your previous pets and/or your current pets receive annual veterinary care? Yes___No___

If yes, circle the routine care they receive routinely:

Cats:	PRC-C	Dogs:	DHPP-C	
	RABIES		RABIES	
	FELINE LEUKEMIA		HEARTWORM TEST	IF YES, MONTHLY PREVENTATIVE GIVEN? Yes___No___
	TEST FOR PARASITES		TEST FOR PARASITES	

Name of attending clinic_____

Name of Veterinarian_____ Phone # Of Clinic_____

What is your occupation?_____ Spouse's Occupation_____

How many hours will the cat be left alone while you are at work or away for the day?_____

On the average, how many evenings per week do you spend at home?_____

Are you and/or your family frequent travelers? Yes___ No___ If yes, explain:_____

List reasons why you are interested in providing foster care: (If more than one reason, list importance by numbers)

___Companion for other cat ___Companion for children ___To see if children are able to take care of pet ___Desire to help animals in need

___To see if children and/or family are ready for a cat ___Other_____

Supplies you would need: Food___ Litter___ Litter Box___ Cat Carrier___ Other_____

I have read the above stated application carefully and certify that the information I have given is accurate and true. I understand that any misrepresentation of the above information authorizes Southwest Metro Animal Rescue to deny application, and/or reclaim the foster pet that is in my home. I understand the pet in my care is property of Southwest Metro Animal Rescue, and any decisions regarding the pet and the pet's future is that of Southwest Metro Animal Rescue. I agree to attend scheduled Adoption Day events with my foster cat.

I acknowledge that Southwest Metro Animal Rescue cannot guarantee any foster animals against parasites, diseases or destructive behavior. I will not hold Southwest Metro Animal Rescue responsible, nor seek any compensation for damages, medical fees or other liabilities incurred by the pet I foster. I understand that any bites or injuries caused by the pet I foster are to be reported immediately to Southwest Metro Animal Rescue. I further agree to be personally responsible for the humane housing and care of the animal(s) I am fostering.

Signature _____ Date _____

Spouse's Signature _____ Date _____

Representative _____ Date _____

Comments _____
