

# 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.

Each question on this application must be completed in as much detail as possible. Incomplete applications will not be considered. A copy of our return/exchange policy is on the reverse side of this application.

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 (optional) _____	Who to call in case of an emergency: _____

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 _____	
Excluding 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 SMARAS to deny application, and/or reclaim the foster pet that is in my home. I understand the pet in my care is property of SMARAS, and any decisions regarding the pet and the pet's future is that of SMARAS. I agree to attend scheduled Adoption Day events with my foster cat.

I acknowledge that SMARAS cannot guarantee any foster animals against parasites, diseases or destructive behavior. I will not hold SMARAS 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 SMARAS. 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\_\_\_\_\_

SMARAS Representative\_\_\_\_\_ Date\_\_\_\_\_

Comments\_\_\_\_\_