



Cat Foster Provider

Southwest Metro Animal Rescue and Adoption Society

P.O. Box 493, Chaska, Minnesota 55318 • email: swmetroanimalrescue@outlook.com

Phone: 952-368-PAWS (7297) • efax: 952-487-5206 • swmetroanimalrescue.org

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



Name _____ Date _____

Marital Status: Single Married Engaged Name of Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Drivers License _____

Email _____ Who to call in case of an emergency _____

Are you under 21 years of age? Yes No If yes, what is your age? _____

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 have 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, list all activities they are involved in outside of the home, such as sports, etc. _____

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

Name (s) _____

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? _____

How many hours will the cat be left alone? _____

Where will the cat be kept during the night? _____

Are you interested in 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? Have had one or two Knowledgeable & Experienced

Describe your experience with cats and what educational experience you have had with cats. Be specific (i.e. training classes, books, volunteering etc.) _____

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

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

PET #1 Dog (Alpha Dog Beta Dog Unsure) Cat Other _____
Spayed/Neutered? Yes No Male Female Age _____ Breed _____
Activity level? Calm Semi-active Active

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 (Alpha Dog Beta Dog Unsure) Cat Other _____
Spayed/Neutered? Yes No Male Female Age _____ Breed _____
Activity level? Calm Semi-active Active

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 #3 Dog (Alpha Dog Beta Dog Unsure) Cat Other _____
Spayed/Neutered? Yes No Male Female Age _____ Breed _____
Activity level? Calm Semi-active Active

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 _____

(If extra space is needed to list additional pets, use next page.)

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 new cat to the other animals currently living in your home? Yes No

Do your own pets receive annual veterinary care? Yes No

Are your pets currently updated on vaccinations? Yes No

Can you provide proof that your pets are currently updated on vacciantions? 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
TEST FOR PARASITES	TEST FOR PARASITES	

Name of attending clinic _____ Phone # Of Clinic _____

Name of Veterinarian _____ Whose name is listed on the account? _____

What is your occupation? _____

Spouse's occupation _____

How many hours will the cat be left alone? _____ On 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 me Companion for other pet Companion for Children Desire to help animals in need

To see if children and/or family are ready/able to care for a cat Other _____

Do you have a preference on (check all that apply): Adult Cats Kittens Litters

Supplies you would need: Food Litter Litter Box Cat Carrier Other _____

Extra space for any more information.

Please save this form to your computer and email it to swmetroanimalrescue@outlook.com

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.

I understand and accept that it is SMARAS's prerogative to decide which home is most appropriate for the individual cat, and therefore I will not take issue with the decision. Unless otherwise indicated by SMARAS, I may be considered for another cat.

Signature _____ Date _____

Spouse's Signature _____ Date _____

SMARAS Representative _____ Date _____

-----OFFICE USE ONLY BELOW THIS LINE-----

Case # _____ Breed _____

Animal Name _____ SMARAS Representative _____

Comments _____
