



Cat's Cradle Animal Rescue Foster Application Form (CCAR)

Legal Name:

Full Address:

Email:

Home Phone:

Cell Phone:

Work Phone:

Preferred method of contact:

Cell phone Home phone Email

Dwelling Type

House Apartment Condo Other _____

Do you:

Rent Own

If Renting - Landlord's Name and phone number:

Do you have permission from your landlord to foster?

Yes No

Foster Home Information

Human Occupants of Residence (name, age, relation to applicant(s)):

Please provide some information about why you are interested in fostering:

What types of cats/kittens are you interested in fostering? (Check all that apply/ provide additional information if needed)

- Mothers with kittens
- Bottle babies (1 day to 6 weeks)
- Kittens (5-8 Weeks)
- Kittens (8 weeks - 6 months)
- Kittens (6 months - year)
- Pregnant Cat
- Adult cats (1-8 years)
- Senior cats (8+ years)
- Cats with FIV
- Cats with FeLV
- Cats with minor medical needs
- Cats with moderate medical needs
- Cats with major medical needs
- Diabetic Cat
- FIP Cat
- Palliative cat/kitten

Any additional information:

How many cats/kittens are you able to take at one time?

—

How much time are you available to spend with your foster animal in a 24 hr period?

—————

Are all household members in agreement with bringing foster cats/kittens into the household?

Yes No I am the only member of the household

Are you able to provide food and litter or do you wish CCAR to provide food and/or litter? **If you provide supplies, CCAR can issue a tax receipt at year end on production of receipts**

I will provide litter and food I wish for CCAR to provide both

Do you have a room/area where the animal can be quarantined?

Yes No

Please Describe (square foot, flooring type, furniture in the room etc.)

Are you able to transport cats to their veterinary appointments?

Yes No

Are you comfortable administering medication if required?

Yes No

Please describe your experience caring for animals in the past

Are you able to keep the cat INDOORS? (Or when outside in a catio/catrun, on a leash, or in a carrier?)

Yes No

Some cats go through periods of time where they have behavioural issues, do you have any experience with dealing with behavioural issues cats have? (Tick box)

Yes No

Are you willing to make every effort possible to be available to have potential adopters come to your home to meet your foster cat?

Yes No

Resident Animals

Do you currently have animals in your home?

Yes No

Please describe the types of animals you have, the number of animals you have, and whether they have been exposed to other cats/kittens. (Fillable, unlimited)

I have a suitable quarantine room, and will ensure that the cats/kittens in my care are properly quarantined for the required time period (14 days) from my animals :

I agree I do not agree

All the animals in my household are current on their vaccinations (immunized within the past 12 months) and are FIV / FeLV negative:

Yes No

I give permission to my veterinarian to disclose information regarding my owned pet's health status to CCAR as it relates to my foster cat:

I agree I do not agree

I understand that if I bring a new animal into my home, I must follow quarantine procedures:

I agree I do not agree

I do not allow my owned cats to roam outside, and will not allow my foster cat outside:

I agree I do not agree

I agree that CCAR is not responsible for any illness of my pets at any time before, during, or after the fostering process:

I agree I do not agree

Final Checklist

I will allow a CCAR representative to visit my home, prior to receiving a foster cat, and at any time to check on the well being of the cat.

I agree I do not agree

I agree to give the CCAR foster liaison notice (7 days or more) if I am no longer able to foster, or if a foster cat must be removed from my home.

I agree I do not agree

I understand that I do not own my foster cat and will release them into CCAR' care if requested.

I agree I do not agree

I will get CCAR foster liaison approval PRIOR to relocating the animal to a different approved foster.

I agree I do not agree

I understand that if I have a medical concern about my foster cat I will contact CCAR to seek medical authorization to take them to a veterinary clinic. I also understand the conditions that are classed as emergency in the 'Potentially serious symptoms' section of the Triaging Your Foster Animal's Health document , and would seek immediate medical help, and contact the CCAR medical care volunteer at the earliest possible moment.

I agree I do not agree

I understand that if my foster cat gets loose outside accidentally, and I am unable to locate this animal within 30 minutes, that I will contact the CCAR foster liaison.

I agree I do not agree

I am very excited to bring a foster cat into my home!

YES! No

I have read, understand, and agree to follow all of the Foster Home Requirements listed in this application and in the more detailed Fostering Agreement.

I agree I do not agree

Signature

Date