**KITTEN FOSTER PROGRAM**

**FOSTER HOME APPLICATION**

WELCOME TO THE HOMELESS ANIMAL RESCUE TEAM (HART) and the KITTEN FOSTER CARE PROGRAM. We are glad you have come to apply to be a Foster Home for HART. The following information is requested so that we can determine if the situation is appropriate and if so, that the correct Pregnant/Mom/Kittens scenario can be matched to join you. The animals’ welfare is our foremost consideration. The evaluation process is designed to help us determine if the foster home is in the best interest of the group and the most compatible with your lifestyle.

The cat and kittens available for foster care come to the Shelter from a variety of sources. All cats and kittens are examined upon entry, but there is always a chance that an animal is incubating a disease without showing any clinical signs. We attempt to have all cats and kittens tested for Felv/FIV and vaccinated prior to placement in Foster Homes, but it is not always possible based on veterinary availability and/or age of kittens. It is necessary for the foster home to have a separate room to house the foster kitties for the first two weeks of the assignment or until testing and rabies vaccinations can be completed on the mother cat. HART is responsible for ALL medical needs after the cats and kittens have been placed in foster care.

HART will be the primary source of food and litter.

**IN ORDER TO BE CONSIDERED AS A FOSTER HOME, YOU MUST:**

* Be 18 years of age or older
* Have identification showing your present address
* Be able and willing to spend the time necessary to provide training, socialization & proper care of all foster cats and kittens
* Submit to a Home Visitation and Interview by a Foster Care Coordinator
* Be willing and able to transport foster cats and kittens to vet appointments, showings, or other events.
* Agree to have all information you provide to us be verified before you are approved as a Foster Home.
* Authorize by signing below for H.A.R.T. to contact your veterinarian so that they may share with us all medical records on your animal(s).

**AGREE TO THE FOLLOWING:**

* To foster all HART cat(s)/kitten(s) under ***indoor only*** conditions.
* To provide a private room, away from other resident pets and children. If there are children in the household, interaction with the kittens must under adult supervision.
* To thoroughly clean and disinfect the room and all toys, bedding, litter pans and food dishes between fostering assignments.
* To keep all foster cats and kittens separate from resident pets for the first two weeks of an assignment or longer if necessary.
* To maintain kittens in the approved home environment until they are adopted.
* To keep all household pets up to date on necessary vaccinations. If there are reasons they cannot be vaccinated, foster cats and kittens may be required to be kept separate from resident pets for the duration of the fostering assignment.
* To surrender foster cats and kittens when they are adopted by HART approved adopters or at any time deemed necessary by HART.
* That all potential adopters must apply to and be approved by HART.
* That you will contact the appropriate HART representative immediately if medical concerns arise.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:**

1. What kind of Cat/Kitten are you willing to foster? \_\_\_\_\_\_ Kittens only \_\_\_\_\_ Pregnant Cat

\_\_\_\_\_\_ Mother & Kittens

2. Why do you want to foster?

# 3. Is this your first experience with fostering an animal? (circle one) Yes No

* If no, give details of past experiences. Use a separate page if necessary.
* If no, give Reference Name, Contact Name and Telephone Number

4. What pets do you currently have in your household?

Type Spay/Neutered Kept Where? Age

# Dog/Cat Yes/No In/Out

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

# 5. Are the above pets current on all vaccinations? (circle one) Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 6. Have your current resident cats been tested for Felv/FIV? (circle one) Yes No No Cats in Household

7. Who is/was your veterinarian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Do you live in a (circle one) House Apartment Condo

Do you (circle one) Own Rent Live with Family

# If you rent: Does your lease allow pets? (circle one) Yes No

Landlord’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. How many people live in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If there are any children in the household, what are their ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Do you or anyone living in your household have known allergies to animals? (circle one) Yes No

# If yes, who has allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 11. Who will be responsible for the care of this Cat/Kittens? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 12. Where will this Cat/Kittens be kept during the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 13. How many hours will Cat/Kittens spend alone without human companionship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. How did you hear about our organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following and sign below as agreement that you understand and agree to all information and statements contained in this application to foster cats and kittens through the HART Kitten Program:**

* Any falsification or omission of any of the above information will result in automatic refusal as a Foster Home.
* H.A.R.T. has the right to deny this application for any reason.
* The information you provide us will be verified before you are approved as a Foster Home.
* H.A.R.T reserves the right to make follow-up home visits.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_