



## Cat/Kitten Foster Application

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Best Email address: \_\_\_\_\_

Best Phone: \_\_\_\_\_ 2nd Phone (required): \_\_\_\_\_

Best time to reach you? \_\_\_\_\_ Are there other people in your household?  Yes  No

Are there children in your household?  Yes  No If yes, ages? \_\_\_\_\_

Is everyone in household in agreement to foster?  Yes  No

Will you be moving within the next 60 days?  Yes  No

Emergency Contact Name and Number: \_\_\_\_\_

Do you have other pets in the home?  Yes  No? If yes, Please list how many and their type (dogs, cats, etc...)

\_\_\_\_\_

Please list any medical issues your current pets have \_\_\_\_\_

If you have other pets, please provide Veterinarian name \_\_\_\_\_

I agree that a representative of PETaluma PET Pals may contact my veterinarian to confirm the information provided herein regarding my pets and I consent to the release of such veterinary information by my veterinarian to PETaluma PET Pals. \_\_\_\_\_

(Signature) Do you have foster cat experience? \_\_\_\_\_ Foster dog experience? \_\_\_\_\_

\_\_\_\_\_ You will need a room/bathroom etc, separate from your other animals. What space are you using? \_\_\_\_\_ What foster situation can you help with? (check all that apply) \_\_\_\_\_

Un-weaned (bottle babies 0-4 Weeks) \_\_\_\_\_ Weaned (4-12 weeks) \_\_\_\_\_ Socialization (6-24 weeks)

\_\_\_\_\_ Adult Cats \_\_\_\_\_ Medical/Recovery How many hours a day would your fosters be alone?

\_\_\_\_\_ Can you provide the following for your fosters: \_\_\_\_\_ Food \_\_\_\_\_ Litter

\_\_\_\_\_ Transportation Please list any special concerns or requests you may have

\_\_\_\_\_

\_\_\_\_\_ Do you object to a (PETaluma PET Pals) representative coming to your home to check on the pet while it is in your Care? \_\_\_\_\_

PO Box 750934 • Petaluma, CA 94975-0934 • (707) 769-2199 • [www.petalumapetpals.org](http://www.petalumapetpals.org)

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By agreeing to foster in partnership with PETaluma PET Pals, I agree to the following: Pet's Health and Disposition PETaluma PET Pals cannot guarantee the health or disposition of any foster animal. We do not have past records for these animals and there are some risks associated with taking in foster animals. Family pets will be current on all shots and foster pets will be kept isolated from family pets, for a minimum of 7 (14 for cats), days for the protection of all animals. I agree to be fully responsible for the safety and well being of the foster pet. I will provide a safe, loving, humane environment with adequate food water and shelter at all times. I will not declaw, crop ears, or crop tail of fostered pet. I will adhere to all state and local animal laws and all foster animals will wear a collar with identification. I will promptly notify PETaluma PET Pals of any signs of illness, behavioral issues or concerns, an inability to continue to foster, if the pet become lost, and/or if the pets bites someone. Transfer of Animals Animals cannot be transferred to the custody of another person, shelter, humane society, SPCA, or other entity without prior consent and permission of PETaluma PET Pals. I agree to not place this pet in another home without the written or verbal authorization from PETaluma PET Pals, whether it be temporary or permanent. Return of Animals All the pets in the(PETaluma PET Pals Foster program are the property of PETaluma PET Pals and must be returned within 24 hours of request. I agree that I am fostering this pet for PETaluma PET Pals And that I do not have any right of ownership over my foster animal. I further agree that PETaluma PET Pals rights in and to my foster pet are superior to mine. I agree to provide the Authorized Representative, or his/her designate access to my home and property to check on my foster pet, at any time while I am in possession of my foster pet. Personal or Property Damage and/or Injury I agree that accidental animal bites or other injuries to humans and other animals do occur, and agree to hold harmless and indemnify, and protect PETaluma PET Pals from any claim or suit filed by someone as a result of such incident. In addition, PETaluma PET Pals will not be responsible if animal should damage or destroy property belonging to Foster Caregiver, Foster Caregiver household, or others, or if the animal shall transfer any disease, internal or external parasites to other animals and people in Foster Caregivers household. I understand that if I am approved for fostering, this declaration represents a legal contract between me as the foster home caregiver and PETaluma PET Pals I understand that if I am approved to foster an animal, I must abide by this agreement and that this agreement applies to any and all animals that I foster with PETaluma PET Pals Accuracy of Information By signing below, I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to the (your organization name here) Foster Care Program. I agree that a representative (your organization name here) May contact my veterinarian to confirm the information provided herein regarding my pets and I consent to the release of such veterinarian information by my veterinarian to (your organization name here)

\_\_\_\_\_ I am at Least 18 years old. Drivers License Number:

\_\_\_\_\_ State \_\_\_\_\_