



Date _____

Your answers to these questions won't determine whether or not you'd make a good foster parent. They will, however, help us determine what kind of animal would be appropriate for you to foster. Our foster homes are an extension of Feline Urban Rescue & Rehab (FURR) and we want you and your foster to have a successful experience. Contact us with any questions you have about filling out this application. Thank you - from all of us and all our animals!

GENERAL INFORMATION:

NAME: _____

ADDRESS: _____

EMAIL: _____

Telephone (home) _____ (cell) _____

Best time/place to call: home _____ cell _____

Occupation: _____

I certify that I am at least 18 years old. _____ (INITIAL)

How did you hear about Feline Urban Rescue & Rehab? _____

LIVING SITUATION:

Do you: _____ own _____ rent

If you rent, do you have landlord approval to have a cat or multiple cats in your home?
_____ Yes _____ No

Can we contact your landlord? Name _____ Phone# _____

Will fostering be a cause of problems with family members/roommates? _____

Would you agree to a home visit prior to your fostering for FURR? _____

Please list all persons residing in your home and if they are a minor, please list their age. If you need more space, please use a separate piece of paper.

Do children visit your home? _____ Yes _____ No

If yes, please list their ages and how often they visit.

ANIMALS CURRENTLY LIVING IN YOUR HOME:

Are there any animals currently living in your home? _____ Yes _____ No

If so, please supply the following information for each.

Type of animal (Dog, Cat, Bird, etc.)	Breed	Sex	Age	Spay/Neutered Yes or No	Current on Vaccinations Yes or No

FOSTERING FOR FURR:

Interests in Fostering: Please circle all that apply: Cats: Injured/Sick/Elderly/Pregnant/Nursing Mother & Kittens/Newborns without mother/FELV Positive/FIV Positive/Ferals

How long are you away from home each week? _____ hours/day _____ days/week
 Where will your foster CAT be when you are not at home? _____

Who will be the primary caregiver of your foster CAT? _____

Any previous animal experience? If so, please explain. _____

Do you currently have a vehicle? _____ Yes _____ No

Would you be able to drive your foster to veterinary appointments & adoption events?
_____ Yes _____ No

Would you be willing to meet with potential adopters to discuss any information regarding your foster animal? _____ Yes _____ No

Would you be comfortable giving your foster animal medications?
_____ Yes _____ No

When are you available to start fostering? Date: _____

What provisions will you need FURR to provide (bowls, beds, food, etc.)?

Are you interested in providing foster/hospice care to terminally ill animals? _____
Yes _____ No

REFERENCES:

Veterinarian: _____

Phone# _____

Please provide us with three personal references (no relatives) Only 1 reference may be a Board Member.

Name: _____

Phone: _____ Relationship _____

Name: _____

Phone: _____ Relationship _____

Name: _____

Phone: _____ Relationship _____

CERTIFICATION:

I certify that, to the best of my knowledge, the information provided in this application is true and complete. I recognize that any misrepresentation of that information will result in my losing the privilege of fostering a rescued cat from Feline Urban Rescue & Rehab. I understand that FURR has the right to deny my request to foster and I authorize checking all information provided in this application.

Signature _____ Date _____

I understand that FURR owns the animal that I foster and if I should choose to foster, with intent to adopt, I must do so within 60 days for adult & 30 days for kittens or turn the animal back over to FURR. _____ (INITIAL)

I understand that FURR may make appointments with Veterinarians for the medical care and well being of the animal and that I must be able to make the appointments or cancel prior to 48 hours of scheduled appointment. If I cannot take my foster to the appointment I will make arrangements with another volunteer. I further understand that I may cancel up to two appointments before being considered in breach of the foster agreement. _____ (INITIAL)

All medical care must be approved and scheduled by FURR, I understand that if I incur veterinarian charges without prior approval by the Animal Care Manager, that I am solely responsible for the charges incurred and do not hold FURR liable for said charges. _____ (INITIAL)