

Cat Foster Care Application

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the WCHS Foster Care Program.

| PERSONAL | INFORMATION | (Please print): | | | | |
|-------------------------|---|---|----------------|------------------|---------------|-----------------|
| Name: | | | | Age: | Date: | |
| Address: | | | | | | |
| | | | | | | |
| Home Phon | e: | | Work | /Cell phone: | | |
| Email: | | | | | | |
| | | | | | | |
| How many Adults over | the age of 21 (in | N: Dur household? ncluding self): Dld have allergies | | | n (under 21): | Ages: |
| Do you live | in HOUSE | APARTMENT | CONDO | DUPLEX | MOBILE HON | IE TOWNHOME |
| Do you: (| OWN RENT | LEASE How lo | ong have you b | een at this addr | ess? | |
| Land If yo will l | llord's name <u></u> u are renting, we | e will contact your ace we receive posit | Landlor | d's phone | | |
| Dog/Cat | Breed | Name | Age | M/F | Altered? | How long owned? |
| | | 1 | | 1 | | 1 |

| Dog/Cat | breeu | Iname | Age | IVI/F | Altereu: | now long owneu: |
|---------|-------|-------|-----|-------|----------|-----------------|
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Please use back of application if you run out of space. We recommend all other animals in your home be up to date on vaccinations. If you have any concerns, please discuss the idea of fostering animals with your veterinarian.

Who will be the primary caretaker of your foster cat(s)?

| | How would you describe your level of experience with cats? Check all that apply. Never had a cat Had a childhood pet cat Had one or more as an adult Have experience working with ongoing medical problems with my cat Have experience working at a boarding kennel/resort/pet-sitting service Have experience working in a veterinary hospital | | | | | | |
|--|---|----------|---|----------------|--|--|--|
| Have previous foster/rescue experience, if yes, please describe: Do you have experience with : bottle feeding or administering oral medications? List experience : | | | | | | | |
| | | | | | | | |
| | How many hours during the average day will this cat spend without a human? | | | | | | |
| | Where | e will t | this cat be | when som | neone is home? | | |
| | Where will this cat be when alone? Where will this cat sleep at night? | | | | | | |
| | What situations do you feel unprepared for? | | | | | | |
| | Size? Breed Age? | !? | a preferen YES YES YES as anything | NO NO NO | If yes, please list size preference: If yes, please list the breed you prefer: If yes, please list age preference: u would like us to know to help match you up with the right foster animal: | | |
| - | Staff | Note | s: | | | | |
| | | | | | | | |
| | | | | | | | |

Please read the following carefully:

WCHS determines the criteria for fostering, decides which animals are eligible for foster care, and appoints foster caregivers from a pre-approved list of trained providers. WCHS foster care volunteers may always refuse any specific request for any reason. WCHS staff will inform you of any medical treatments to be administered, the anticipated length of the foster-care period, the objectives of each particular placement (restoring to health, rearing to adoptable age, socialization, etc.), and any other restrictions or expectations we may have.

You will be expected to keep the animal safe and secure, return it to WCHS when requested to do so, and not promise the animal to anyone or imply that you have the authority to approve a potential adoption. WCHS retains ownership of all animals placed in foster care and will make all decisions regarding the adoption & placement of the animals fostered.

Unless otherwise arranged, the foster parent is responsible for providing all animal food, litter, bedding, and toys while it is in their care at home. The foster parent is responsible for transporting the animals to and from WCHS for veterinary appointments, surgery, behavior evaluations, vaccinations, etc. Upon returning your foster animal to WCHS, you will be required to fill out a brief questionnaire about your foster animal's behavior and personality.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although WCHS takes reasonable care to screen animals for foster care placement, it makes no guarantees regarding the animals' health, behavior, or actions. I understand that I receive foster care animals at my own risk and can decline to accept any animal for which WCHS has asked me to provide care. I acknowledge that WCHS is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement. I assume liability for providing adequate controls to prevent such damage or injury.

Signature

Witnessed By

Return Application to: Worcester County Humane Society 12330 Eagles Nest Road, Berlin MD 21811

Email:savinganimals@worcestercountyhumanesociety.org

Date

Date