



**FOR OFFICE USE ONLY:**

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# FELINE FOSTER CARE APPLICATION

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

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

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

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Occupation: \_\_\_\_\_

***The Feline Foster Program is not a means to temporarily own or try out a cat. It is an important and often life-saving alternative to shelter life for specifically selected cats.***

Cats selected for foster care generally fit into one of several categories. Please indicate which type(s) of cat you wish to foster.

- \_\_\_\_\_ Mothers with nursing kittens
- \_\_\_\_\_ Weaned kittens (eating on their own)
- \_\_\_\_\_ Special needs or recovering cats – might be injured, ill, or geriatric and in need of medications
- \_\_\_\_\_ Bottle fed kittens (very time-intensive)
- \_\_\_\_\_ Under-socialized feral kittens

Why are you interested in fostering a cat? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What cat experience do you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What animals do you currently have in your home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all of the animals in your home spayed or neutered? **YES** **NO**

Are all of the animals in your home up to date on their vaccinations? **YES** **NO**

Have you ever fostered animals before? **YES** **NO**

Are you able to keep your foster cat in an area of your house away from your own pets? **YES** **NO**

If you have children, please list their ages: \_\_\_\_\_

We use your current veterinarian as a reference. Please list the name and phone number below.

Do you own or rent your home? **OWN** **RENT**

If you rent, who is your landlord? \_\_\_\_\_ Phone: \_\_\_\_\_

Does your landlord allow you to have pets? **YES** **NO**

We do home visits on every applicant who passes the initial screening. Are you willing to let a representative of the SPCA visit your home? **YES** **NO**

**Please read the following statements about the Feline Foster Program and initial next to them to indicate that you understand and agree to abide by them.**

Your foster cat may not be litter-trained. You understand that he/she may have accidents in your home. \_\_\_\_\_

Like many cats, your foster cat may scratch on furniture, clothing, or other objects. You are comfortable working with this behavior. \_\_\_\_\_

You agree to keep your foster cat inside your home at all times. \_\_\_\_\_

Representatives of the SPCA may need to contact or visit you to discuss the cat. You understand that you may be asked to complete evaluation forms on the cat. You agree to be entirely honest and forthright regarding the cat's condition, be it positive or negative. \_\_\_\_\_

All medical treatment will be done at the SPCA by trained staff. \_\_\_\_\_

There is some risk to your own cats, especially if your foster cats are not kept separate. You understand that the SPCA is not responsible for your own pets' medical treatment. \_\_\_\_\_

The SPCA is the legal guardian of your foster cat. You understand that the SPCA has the final authority in regards to the cat's adoption, treatment, or disposition. \_\_\_\_\_

**All foster parents must take part in a home visit. When your application is approved, you will be contacted to schedule the visit.**

Please sign below to indicate that everything on this form is true and as complete as possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return application to;  
SPCA of Tompkins County, Attn: Feline Foster, 1640 Hanshaw Road, Ithaca, NY 14850**