



Today's date: _____

Foster Care Application, Cat

Small Town Community Cats, Inc.
TNR/Rescue

Phone: (307) 260-6722

e-mail: stkitties68@yahoo.com

Applicant Contact Information:

Name: _____ Co-Applicant Name: _____

Relationship to Co-Applicant: _____

If the co-applicant listed is your significant other, how long together? _____

Street Address: _____ Mailing Address (if different): _____

City, State & zip code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Employer: _____

Occupation: _____ Work phone: _____

How long with this employer? _____

Co-Appl. Employer: _____ Co-Appl. Occupation: _____

How long with this employer? _____

Co-Appl. Cell Phone: _____ Co-Appl. Email Address: _____

Family Information:

Are you or the Co-Applicant a student? _____ Yes _____ No

Number of adults in household? _____ Ages? _____ No. of children in household? _____ Ages? _____

Besides your immediate family, are others residing in your home? _____ Yes _____ No

Names & Ages of other residents: _____

Relationship to other residents: _____

Do they share your interest in fostering? _____ Yes _____ No

Is anyone in your home allergic to cats? _____ Yes _____ No

Comments: _____

Home Information:

Do you: _____ Own _____ Rent

How long have you lived at your current address? _____

Home type: _____ House _____ Apartment _____ Townhouse _____ Condo _____ Mobile _____ Other

Please describe: _____ Approximate Square feet: _____

If you rent, please provide your landlord's name & phone number: _____

Do you have the permission of your landlord to have a foster cat? _____ Yes _____ No

Is a pet deposit required? _____ Yes _____ No Is it already paid? _____ Yes _____ No

Current Pet Information:

Please list your current pet(s) – Name, Age, Species (dog/cat), Gender, and Breed

Are all your current pets Spayed/ Neutered? Yes No

Are your current pets up to date on all vaccinations? Yes No

Have your current cats been tested for feline leukemia? Yes No

Do your current pets get along with other cats? If you think there may be conflict, please describe how you will keep the foster cat separate from your family pet(s):

Foster Information:

How long are you willing to foster a particular animal?

1 WEEK 1 MONTH AS LONG AS NEEDED _____ OTHER (please indicate how long)

Please describe where the cat will stay during the day: _____

at night: _____

and when you aren't home: _____

Please check the type of animals you would be interested in fostering:

Newborn litter of kittens (orphaned, to bottle feed and wean)

Mother & kittens

Single Kitten (7-12 weeks)

Special needs – medical

Special needs - behavioral

Adult female/male

Declawed

Any

Are you willing to work with a foster cat on litter box issues should the need arise? Yes No

Are you willing to foster a “Special Needs” cat (a cat needing special medical treatment)? Yes No

Are you willing to transport the cat for any necessary veterinary care? Yes No

Comments: _____

Note: Small Town Community Cats’ primary and preferred veterinarian has offices in La Barge and Kemmerer, WY. We also have accounts with other area veterinarians. All visits to either our preferred or secondary veterinarians must be approved in advance. With the obvious exception of a life threatening medical emergency, if you should decide to take your foster animal to a different vet for convenience or any other reason without prior approval, Small Town Community Cats will not be able to cover the cost of the visit. Thank you for your understanding.

Are you willing to meet with a potential adopter either at your home or theirs? Yes No

Are you willing to pick up the cat on the first day of your foster period, and transport the cat to Small Town Community Cats (or another designated location) on the last day of your foster period? Yes No

Foster Care Agreement

I/we understand that all animals are TEMPORARILY fostered for Small Town Community Cats and are the property of Small Town Community Cats.

I agree to keep any foster animal under my control at all times while I am fostering, keeping cats inside and/or dogs on-leash.

If my foster pet(s) shows any sign of health or behavior problems, I understand that I need to contact Small Town Community Cats immediately.

I will relinquish any foster animal to Small Town Community Cats upon their request.

If you or your acquaintances should become interested in adopting a foster pet, an adoption application can be acquired through Small Town Community Cats by emailing: stkitties68@yahoo.com, or calling (307)260-6722.

Small Town Community Cats is not responsible for damage or injury to any person, animal, or possession caused by a foster animal.

By signing below, you are verifying that you have read and agree to all terms stated above.

I/we attest that the information provided on this form is true and accurate to the best of my/our knowledge.

Applicant's Signature: _____

Applicant's Printed Name: _____ Date: _____

Co-applicant's Signature: _____

Co-applicant's Printed Name: _____ Date: _____

Note: entering your printed name constitutes an electronic signature if you are unable to sign this form electronically via Adobe.