

3 to 6-Week Cat Foster Application & Agreement 2017
CATS IN TOW RESCUE & SANCTUARY INC 714-878-1371

catsintow@hotmail.com

Application Date (mm/dd/year)_____

1. Are you a current volunteer? ___Yes ___No
2. If not, how did you hear about us? ___ Volunteermatch.org
 ___ Petsmart Brea Walk-in ___ Facebook.com/catsintow
 ___ Other _____
3. If applicable, Name of Referral _____
4. Your Age _____
5. Age Group: 16-18 19-24 25-34 35-44 45-54 55+

Name			
Address			
Apt Number			
City		ZIP CODE	
Cell Phone		Home Phone	
Email Address			
Hours	<input type="checkbox"/> Work F/T <input type="checkbox"/> Work P/T Hours:	<input type="checkbox"/> School Hours:	
	<input type="checkbox"/> Work from Home	<input type="checkbox"/> Independent Study	
Parent Name			
Cellphone			
	<input type="checkbox"/> Work F/T <input type="checkbox"/> Work P/T Hours:	<input type="checkbox"/> Stay at Home	
Children in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____			
Will they have access to cat/kitten? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Names/Ages			
Home	<input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment	<input type="checkbox"/> Rent <input type="checkbox"/> Own	
Are cats allowed in your property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a pet deposit or mo fee? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:			
Do you have a doggy door or an outside patio access?			
Is your yard fenced?		How high is the wall/fence?	
Do you have a pool?		Is it fenced?	
If you have had pets before: 1) type 2) how long 3) what happened to them?			

Your experience with cats:

Give oral medication – pill or liquid Apply flea medication Prepare and give vaccines Trim Nails Other (Explain fully):

Have you crate trained a cat/kitten? Yes No

Cats have been known to claw furniture, boxes, etc. How have you dealt with this in the past?

What type of behaviors can you not accept from a cat?

Are you aware that certain foods/plants are poisonous for cats? Yes No

Do you have these in your house? Yes No

How will you keep the cat away from them?

Who will take care of the cat?

Where will it be kept?

How many hours per day will it be alone each day?

What is your reason for fostering?

What do you want to get out this experience?

Is there anything else you would like us to know about you?

Foster Cat Information:

Name	Breed	Age
Neuter/Spayed	Shots	FIV/FELV/HW – Neg Tested
Date:	Date:	Date:

The foster named _____ agrees to take care of _____ (cat's name) for the period beginning _____ 2017 and ending _____ 2017.

The cat will be **kept indoors only** in a comfortable but confined space in order to appropriately care for the cat. The cat will have a bed, clean litterbox, and metal bowls for food and water. The cat will be given dry food provided by Cats In Tow and the cat carrier will be handy at all times in case of emergency to remove the cat to safety.

Cats In Tow will provide litter and other supplies to care for the cat during the 3- week period. Cats free feed both dry food and need access to clean fresh water 24 hours a day. Wet food is encouraged 2x a day, however, some cats will not eat it. If the foster wants to help CIT by supplying these items, please verify brands to use with Cats In Tow first.

The cat is being fostered to provide interaction with persons which include petting, grooming (brushing/cutting nails), playing, cuddling, and talking with it so it becomes easier to adopt at the end of the 3-6 week foster period. ***Excessively leaving the cat alone, hiding, or otherwise unattended does not meet this foster agreement.***

If the foster can no longer care for the cat before the end of the 3-6 week foster period, the foster must call the Cats In Tow President and arrange for the cat to be picked up as soon as possible. The cat is NOT to be given to another family member or neighbor who is not listed on this agreement for caretaking. CIT may ask for the return of the cat at any time and the foster must comply.

Community Service Credit If this foster activity is being done for CSC, then Weekly 1) a report of the cat's progress 2) pictures of cat will be emailed to catsintow@hotmail.com Video footage is also welcomed. If the foster has any questions concerning the caretaking, behavior, or well being of the cat, the foster will contact the Cats In Tow President to discuss the concerns and find a solution. CSC Credit = 20 hours per week

Items for the foster cat in the foster home:

Cage	
Bed	
Litter box	
Litter	
Metal food bowl	
Metal water bowl	
Scratching box or Scratching post	
Dry Food Brand:	
Wet Food Brand:	

ADDITIONAL: Cats In Tow provides a **Cat Carrier that locks** to remove cat in case of emergency and at the end of the foster period.

At the end of 3-6 Week Foster Program the FOSTER CARETAKER MAY ASK FOR THE FOLLOWING OPTIONS:

1. The Foster caretaker may ask to extend the foster care period by 1 – 2 weeks if he/she feels this will be of benefit to the cat/kittens.
2. The Foster caretaker may decide to adopt the cat/kitten and may be granted this option upon completion of an adoption questionnaire, contract, and paying the adoption fee agreed upon. The adopter will receive the full vet record, coupons, and a copy of the contract for their records.
3. Cats In Tow President must review and agree to either of these options before they can be enacted. *Nothing is automatically approved.*

The Foster agrees to these terms and conditions:

_____ (signature) _____ (date)
_____ (print name)

The PARENT/GUARDIAN of the Foster agrees to these terms and conditions:

_____ (signature) _____ (date)
_____ (print name)

Cats In Tow President approves this foster placement:

_____ (signature) _____ (date)
_____ (print name)

*The foster's home and space for the cat has been inspected and is deemed acceptable to care for the cat known as _____.