**Forgotten Felines of Culpeper FOSTER HOME APPLICATION**

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| **Applicant Information** |
| Name: Age: | Driver’s License#: |
| Street Address/Apt #: |
| City/ State/Zip: | Years at this address: |
| Home Phone: | Cell Phone: |
| Employer/Position: |
| Email: *(please write legibly)* |
| **Questionnaire** |
| Does anyone in your household suffer from allergies (pet or otherwise)? |
| Is everyone in your household aware of and agreed upon fostering a cat(s)? |
| Who will care for your fosters while you are traveling? |
| For how many hours per day will your fosters be left alone? |
| Do you own or rent your home? |
| If you rent, do you have your landlord’s written permission to keep a cat(s) in your residence? How many?Please give name and phone number of landlord. |
| What is the activity level in your home? Low, Medium, High |
| How many adults live in your household? |
| How many children? What are their ages? |
| Who will be responsible for feeding the foster cats/kittens? |
| Who will be responsible for cleaning the litter box? |
| Current number of Cats and Dogs: |
| **Experience** |
| Have you ever fostered animals for any shelter or humane group? If yes, with whom? |
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| If No, why would you like to Foster now? |
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| What special skills or training do you have that would apply to fostering cats/kittens? All foster families are assigned an experienced mentor to help you with the felines in your care. We are always available to answer your questions. |
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| **Feeding, Medicating and Housing** |
| Do you have a separate room or space where you would keep a foster cat? |
| Do you have a crate/cage? |
| Do you have extra cat supplies (litter pan, dishes, cat bed, etc)? |
| What supplies would you need? |
| Are you able to incur the expense of Purina Kitten Chow or Purina Cat Chow Complete dry food and Friskies canned food, and litter for foster cat(s)? |
| Are you able to incur the expense of kitten formula and kitten/growth dry and canned food? |
| Are you willing to administer medications or treatments? |
| Are you willing to take the feline(s) to a specified veterinarian, and to Spay/Neuter Services when needed? |
| Are you able to give injections? (Not necessary.) |
| **Kittens and Special Needs** |
| What are you interested in fostering? Check all that apply. |
| * Bottle baby kittens
* Weaned KITTENS OVER 4-5 weeks old
* Mom with kittens/pregnant mom
* Kittens 5 months to a year
 | * Adults
* Special Needs – Medical
* Special needs – timid/needs socialization
* Other
 |
| Are you able to get your foster cats to special adoption and fundraising events? (Usually PetSmart) |
| **Animal History** |
| Please list the animals that have shared your home in the last five years |
| Name | Breed | Sex/Age | In/Outdoor | Declawed | Still Own | If not why? |
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| Veterinary contact for animals listed above: Name/Phone: |
| Do we have your permission to contact your vet for a reference?  |
| Have you ever surrendered an animal to a shelter or rescue group? If so, why? |
| Have you ever been cited or convicted of a crime relating to animal cruelty, or do you have a charge pending?  |

Please list 3 personal references, at least one reference must not be related to you.

Name Relationship Phone

Please list your vet reference.

Vet Phone Pets seen

Per Culpeper County Animal Control, we are required to ask for a separate emergency number should we need to reach you/gain entry to the home.

Name Relationship Phone

**NOTE**

Forgotten Felines of Culpeper is a non-profit organization serving Culpeper County and surrounding areas with all foster cats kept in foster homes. When you foster, you must keep your foster kitty safe, healthy and socialized. You may be asked to drive your fosters to possible future adoption events, a spay/neuter clinic, or in the event of illness or medical emergency necessitating a trip to the veterinarian.

I understand that my foster kittens and/or cats are the property of Forgotten Felines of Culpeper (FFC), and as such, FFC is authorized to inspect my home/property at anytime and kittens /cats may be relinquished to FFC immediately upon request with no reason necessary. I further understand that FFC foster kittens/cats require authorization from Lynn DeFazio prior to taking to a vet .

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By signing your name below, you are stating that the above information is true and correct, your personal cats/kittens are up to date on distemper and rabies vaccines, you understand all foster responsibilities, and will abide by the directives stated above.

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

 And finally.... thank you for saving lives!!!