

**BUDDIES PLACE CAT RESCUE**

**FOSTER CARE APPLICATION** DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

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

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: \_\_\_\_\_\_\_\_\_\_\_\_ Co-Appl. work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Appl. Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Appl. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information:**  Are you or the Co-Applicant a student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of adults in household? \_\_\_\_\_ #. of children in household? \_\_\_\_\_ Ages? \_\_\_\_\_\_\_\_\_\_ Besides your immediate family, are others residing in your home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Names & Ages of other residents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship of other residents \_\_\_\_\_\_\_\_\_ Do they share your interest in fostering? Y N Is anyone in your home allergic to cats? Y N

Do you own or rent your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_\_\_\_\_\_\_

Please describe – house, apartment, townhouse, condo? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Square feet? \_\_\_\_\_\_\_\_\_\_\_\_

If you rent, please provide your landlord's name & phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have the permission of your landlord to have a foster cat? Y N Is a pet deposit required? Y N Paid? Y N

**Current Pet Information** :

Please list your current pet(s) – Name, Age, Species (dog/cat), Gender, and Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are all your current pets Spayed/ Neutered? Y N

Are your current pets on monthly flea preventive treatment? Y N Are your current pets up to date on all vaccinations? Y N

Have your current cats been tested for feline leukemia and FIV? Y N Results: \_\_\_\_\_

Are your cats current on FELV & FIV vaccinations? Y N Do your current pets get along with other cats? Y N

If you think there may be a conflict, please describe how your will keep the foster cat separate from your family pet(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foster Information:** How long are you willing to foster a particular animal? (Circle one) WEEK MONTH AS LONG AS NEEDED OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:

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

o Mother & kittens

o Single Kitten (7-12 weeks)

o Special needs – medical

o Special needs – behavioral

o Adult female/male

o Declawed

o Any

Are you willing to work with a foster cat on litter box issues should the need arise? Y N Are you willing to foster a “Special Needs” cat (a cat needing special medical treatment)? Y N

Are you willing to transport the cat for any necessary veterinary care? Y N (Note: Buddies Place has designated veterinarians located in Arlington & Fort Worth) All regular non-emergency appointments & emergencies must be set up by a designated person within the rescue in order for medical bills to be paid by Buddies Place

***Note****: Buddies Place covers the medical expenses for all foster animals, unless otherwise arranged. However, our vet care costs are only discounted through our designated vets and therefore they are the only clinics we currently use for routine care. 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, Buddies Place 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? Y N Are you willing to pick up the cat on the first day of your foster period, and transport the cat to Buddies Place vet (or another designated location) on the last day of your foster period? Y N

 **Foster Care Agreement** I/we understand that all animals are TEMPORARILY fostered for Buddies Place Cat Rescue and are the property of Buddies Place. 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 Buddies Place immediately. I will relinquish any foster animal to Buddies Place upon their request. If you or your acquaintances should become interested in adopting a foster pet, an adoption application can be acquired through Buddies Place, by emailing *contactbpcr.org* or calling *817/675-0953*. Buddies Place 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. Buddies Place strongly recommends the foster have an up to date Tetanus vaccine.

Applicant's Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Printed Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Note: Submission by email will serve as signature agreement

Co-applicant's Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-applicant’s Printed Name:

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

Buddies Place Cat Rescue reserves the right to do a home visit before applicant is approved.

 Note: Submission by email will serve as signature agreement