



Cat Fostering Application

Cuz i Matter Animal Rescue
P.O. Box 3751, Pflugerville, TX 78691

www.CuziMatter.org

Email: cuzimatteranimalrescue@gmail.com

Procedure: Completely fill out & sign this application. For applications selected, a vet-check will be done, and a home visit may be made. Fosters always get to decide which cat(s) they will take in, when and for how long. "Cuz i Matter" Animal Rescue (CiMAR) pays all veterinary expenses for foster cats. Fosters participate in adoption decisions and placements of their foster cats, as desired.

Today's Date: _____

Name of cat(s) you want to foster (if known) _____

Please print identification information clearly, *especially email address*:

Applicant(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Since (mo/yr): ____ / ____

E-mail: _____ Driver License
Number/State: _____

CellPhone: () - _____ HomePhone: () - _____ Work Phone: () - _____

1. Why do you want to foster a cat?

2. What do you think are the most important responsibilities in fostering a cat?

3. Please list any preferences (age, size, sex, breed, personality):

4. Have you fostered for another rescue organization(s)? ___ Yes ___ No If Yes, where, when and how many cats?

5. Have you ever had an application declined for fostering or adopting an animal from an animal welfare group/animal control facility? ___Yes ___ No If Yes, please explain:

6. Do you understand that changing a cat's environment may cause even a housebroken cat to have accidents? ___ Yes ___ No

7. If a behavioral problem arises with your foster cat, how will you help your foster?

8. Does any member of the family have any allergies to animals? ___Yes ___ No If Yes, please explain:

9. How many people live in your home? _____

10. Are there any children in the household? ___ Yes ___ No If Yes, what are their ages?

11. Describe those pets you currently own:

If you have more animals than space provided, please use an additional sheet of paper and attach to this form

Animal #1					
Name:		Type:		Age:	
Sex:		How long has the pet resided with you:			
Is the pet Spayed or Neutered?		Y or N	If no, please explain:		
Primarily Indoor or Outdoor? (circle one)			Please explain:		
How did you acquire the animal?					
Is the pet up to date on vaccines: DHPP, Bordatella, FIV/FeLV (Cat) and Rabies?				Y or N	
Is the pet on heartworm preventative monthly?		Y or N	If Yes, which one?		
Any additional comments:					

Animal #2					
Name:		Type:		Age:	
Sex:		How long has the pet resided with you:			
Is the pet Spayed or Neutered?		Y or N	If no, please explain:		
Primarily Indoor or Outdoor? (circle one)			Please explain:		
How did you acquire the animal?					
Is the pet up to date on vaccines: DHPP, Bordatella, FIV/FeLV (Cat) and Rabies?				Y or N	
Is the pet on heartworm preventative monthly?		Y or N	If Yes, which one?		
Any additional comments:					

12. Describe all pets you previously owned in the last 10 years:

If you have had more animals than space provided, please use an additional sheet of paper and attach to this form

Animal #1					
Name:		Type:		Age:	
Sex:		How long did the pet resided with you:			
Was the pet Spayed or Neutered?	Y or N				
Primarily Indoor or Outdoor? (circle one) Please explain:					
How did you acquire the animal?					
Year deceased (or last year you had pet)?					
Cause of death, or where pet is now (detail):					

Animal #2					
Name:		Type:		Age:	
Sex:		How long did the pet resided with you:			
Was the pet Spayed or Neutered?	Y or N				
Primarily Indoor or Outdoor? (circle one) Please explain:					
How did you acquire the animal?					
Year deceased (or last year you had pet)?					
Cause of death, or where pet is now (detail):					

13. List each Vet/Animal Hospital where your animal(s) received care over the last 5 years:

If several vets were used, please explain and provide approximate service dates. Please note that application review cannot be completed unless each vet's phone number is provided. If the space provided is insufficient, please use an additional sheet of paper and attach to this form.

Name(s) and Phone # with area code (for each):

What owner name(s) are records listed under?

14. Could you be available to take a foster cat to veterinary appointments (coordinated with your schedule)? Yes No Sometimes

15. Would you be able to take a foster cat for emergency night/weekend veterinary care, should it be necessary? Yes No

16. What type of home do you live in?
 House Townhouse Duplex Condo Apartment

17. Do you own or rent your residence? Own Rent

If you rent: Landlord's name: _____

Landlord's phone number: _____

What type/size pets are allowed?

If you have rented your current residence for under a year, please provide prior address and prior landlord contact phone number:

Prior address: _____

If you rent: Landlord's name: _____

Landlord's phone number: _____

18. How many hours would the foster cat be left unattended (i.e., workday, including commuting time)? Where will he/she be kept during that time?
19. When you are home, where will the foster cat be kept?
20. Where would the cat sleep?
21. When no one is home (i.e. at work, shopping), where would the cat stay (please be specific)?
22. Are you familiar with your local animal control laws? Yes No
23. Have **all adult** family members or housemates agreed to foster a cat?
 Yes No (If no, please explain:)

References

Please provide 3 references NOT RELATED TO YOU with whom CiMAR can speak to in regards to your application.

#1	Name:		Relationship:	
Phone(s):				
#2	Name:		Relationship:	
Phone(s):				
#3	Name:		Relationship:	
Phone(s):				

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after a fostering arrangement is made, or if Cuz i Matter Animal Rescue (CiMAR), determines the cat is not cared for properly, I understand that CiMAR reserves the right to reclaim the animal at any time. I give CiMAR permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home and yard visit on a mutually agreed date by a CiMAR volunteer before a fostering decision is made.

In addition, I understand the fostering arrangement is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal. I understand it is CiMAR's prerogative to decide which foster homes meet our needs & standards, that their decision is final. Unless otherwise indicated by CiMAR, I am free to apply and undergo the fostering application process in the future.

Signature _____ Date _____

Printed Full Name _____

Signature _____ Date _____

Printed Full Name _____