

Permanent Foster Care Application

Why Permanent Foster?

Every day we receive calls from people in the community with feral or stray cats that need to find a safe place, and the only way that we can save these animals is with the help of foster homes. As a **Permanent Foster**, you agree provide a safe, loving home for pets in our program who for different reasons cannot be adopted, and who otherwise would not have a home.

What are the general responsibilities of being a Permanent Foster family?

- Check in regularly with your coordinator
- Provide a safe, clean, caring environment
- Provide food, water, litter, toys/enrichment, and shelter
- Provide exercise and socialization as appropriate
- Monitor any medical and/or behavioral problems
- Transport to/from any necessary vet appointments
- In certain cases, especially for bottle baby kittens, foster pets require isolation from other animals in the home for 10-14 days or longer, if the foster pet is sick
- Agree to periodic in-house visits from WACCC volunteer coordinator

If this is something you can provide, please complete this form and email to wildaboutcatscc@gmail.org

Today's Date						
Contact Information						
Applicant Name						
Co-Applicant Name						
Street Address						
Home Phone		Cell Phone				
Email Address						
Employer						
Occupation						
Work phone (if applicable	e)					
How long with this emplo	oyer?					
How many people reside in your household?						
Number of adults		Number of children				
Does everyone share your interest in fostering?						
Anyone allergic to cats?						
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Home Information							
Where do you live?			Apartment		Condo		
			Farm		Mobile Home		
				Townho	ouse	House	
Do you own or rent	?	Own F	Rent	How lo	ng lived there?		
Number of rooms:	rooms:		Other information:				
If you rent, landlord's name and phone#							
Do you have your landlord's permission to have a							
cat, and if yes, how							
Is a pet deposit required, and if so have you paid it?							
Current and Past Pets							
Please list your curr	ent p	ets and past (use	e back of pap	er or ad	lditional pages as ne	eded)	
Name	Age		Species (do	g/cat)	Gender	Age	
Name and phone # of current veterinarian							
Are all of your pets spayed/neutered?			Yes		No		
Are your pets' vaccinations up to date?			Yes		No		
Have your cats been tested for feline leukemia and			Yes		No		
FIV?			Results:				
Do your current pets get along with other cats?						,	
If you think there may be a conflict, please describe							
how you will deal with it							
Foster Preferences and Duties							
Please check the type(s) of animals you would be			Special needs/medical				
interested in fostering			Special needs/behavioral				
			Adult female/male				
			Senior female/male				
			Specific cat				
			Other (please describe)				
Who will be responsible for caring for the cat when				`	•	<u>'</u>	
you are not home?							
Where will be cat stay during the day, at night, and							
when you are not home?							

Foster Care Agreement

By agreeing to be a Permanent Foster in partnership with WACCC (WACCC) I agree to the following:

Pet's Health and Disposition: WACCC cannot guarantee the health or disposition of any foster animal. We do not have past records for these animals and there are some risks associated with taking in foster animals. Family pets will be current on all shots and foster pets will be kept separate from family pets, for a minimum of 7 (10-14 for cats) days for the protection of all animals!

I agree to be fully responsible for the safety and wellbeing of the foster pet. I will provide a safe, loving, humane environment with adequate food water and shelter at all times. I will adhere to all state and local animal laws. I will promptly notify WACCC of any signs of illness, behavioral issues or concerns, an inability to continue to foster, if the cat becomes lost, and/or if the cat bites someone.

Veterinary Services: We pay for all approved veterinary services for our Permanent Foster cats. This includes antibiotics, vaccines, spay/neuter surgery, treatment for flea and tick prevention, deworming or other illnesses. If you choose to use your own preferred vet for treatment at your cost, we are not able to reimburse any medical expenses that we have not approved beforehand.

Transfer of Animals: Cats cannot be transferred to the custody of another person, shelter, or other entity without prior consent and permission of WACCC. I agree to not place this pet in another home without the written or verbal authorization from WACCC, whether it be temporary or permanent.

Return of Animals: All the pets in the WACCC foster program are the property of WACCC and must be returned within 24 hours of request. I agree that I am fostering this pet for WACCC and that I do not have any right of ownership over my foster animal. I further agree that WACCC's rights in and to my foster pet are superior to mine. I agree to provide the Authorized Representative, or his/her designee, access to my home and property to check on my foster pet, at a scheduled time while I am in possession of my foster pet.

Personal or Property Damage and/or Injury: I agree that accidental animal bites or other injuries to humans and other animals do occur, and agree to hold harmless and indemnify, and protect WACCC from any claim or suit filed by someone as a result of such incident. In addition, WACCC will not be responsible if animal should damage or destroy property belonging to Foster Caregiver, Foster Caregiver household, or others, or if the animal shall transfer any disease, internal or external parasites to other animals and people in Foster Caregivers household.

I understand that if I am approved for fostering, this declaration represents a legal contract between me as the foster home caregiver and WACCC. I understand that if I am approved to foster an animal, I must abide by this agreement and that this agreement applies to any and all animals that I foster with WACCC.

References

Since you have expressed interest in being a permanent foster, references are required. Please ask your references before listing them so they will be alerted to our contacting them. One reference must be someone other than a family member.

Name and relationship					
Text, phone, and/or email					
Name and relationship					
Text, phone, and/or email					
Accuracy of Information: By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in WACCC refusing adoption privileges to me/us. If my/our request for adoption is approved and later WACCC discovers the above information is not true or correct, WACCC reserves the right to remove the adopted cat from my home/farm. WACCC reserves the right to refuse adoption to any person for any reason.					
I agree to the above terms and cond	ditions accurate to the best of my/our knowledge.				
Signature					

Return this form to: wildaboutcatsCC@gmail.com

Note: Submission by email will serve as signature agreement