

Cat FOSTER APPLICATION

Thank you so much for your interest in becoming a foster parent for **Second Chance Animal Rescue**. Foster parents provide stray, abandoned and unwanted cats and kittens a bridge between their unhappy pasts and permanent, loving adoptive homes. Please take a few minutes to complete the following application and then email to tracy@secondchanceanimalrescueva.org. A volunteer will be in touch with you shortly after receiving your completed application.

| Please Print | | | | |
|--|----------------------|------------------------|---------------------------|-------------------------|
| Name | | | | |
| Address | | | | |
| City | | | State | Zip |
| Home Phone | | | Email | |
| How did you hear about Second Chance A | nimal Rescue? | | | |
| How long have you been at your present a | ddress? | Do you consent | to a home visit, if req | uired? □Yes □No |
| Are you planning to move in the next 6 mg | onths? □Yes □No | | | |
| Do you □Rent* □Own □Apartment*□Ho | ouse* Condo/Co- | op* □Live with pa | rents Other | |
| *Name and phone number of landlord/co | | | | |
| Do you have your landlord/condo/co-op's | | | | <u> </u> |
| NOTE: YOUR LANDLORD'S WRITTEN PERM | • | • • • | | UMENTS MAY BE REQUIRED. |
| How many adults are in your household?_ | | | <u> </u> | |
| Are family members aware that you are co | nsidering fostering | a cat? □Yes □No | | |
| Please list all pets you currently have in yo | ur household or ha | ve had in the last 5 | years | |
| TYPE OF PET/ SEX /AGE | NEUTERED | KEPT WHERE | TIME OWNED/WHAT H | IAPPENED? |
| 1 | Y/N | In/Out | - | |
| 2 | Y/N | In/Out | | |
| 3 | Y/N | In/Out | | |
| 4 | Y/N | In/Out | - | |
| 5 | Y/N | In/Out | | |
| 6 | Y/N | In/Out | | |
| 7 | Y/N | In/Out | | |
| 8 | Y/N | In/Out | | |
| (Please list additional pet information on rev | erse.) | | | |
| Do any of your own pets go outside? ☐Yes | a □No Supervised? | □Yes □No Alone? | ' □Yes □No | |
| Do we have your permission to speak to you | r vet about the care | given to your past a | nd current pets? TYe | s 🗆 No |
| Name/address/phone number of your current | nt vet hospital | | | |
| Note: All resident cats must be current on rabie | es and FVRCP vaccine | s and test negative fo | or feline leukemia and Fl | IV. |
| Names and phone numbers of 2 personal re | ferences who are n | ot family members: | | |

| Have you or any member of your household ever been accused (formally or informally) of abusing, harming or neglecting an |
|--|
| animal? 🗖 Yes 🗖 No If yes, please explain |
| Who will care for the foster cat? |
| Where will your foster cat be kept during the day? |
| Where will your foster cat be kept during the night? |
| Where will your foster cat sleep? |
| Where will your foster cat eat/drink? |
| Where will you keep the litter box? |
| How many hours per day will your foster cat spend alone? |
| Are you willing to give your foster cat the time it needs (ranging from days to weeks) to become acclimated to its new surroundings? Yes No |
| Do you plan to integrate your foster cat into your household? \square Yes \square No |
| f so, do you have a spare bedroom/bathroom/study etc. to house your foster cat until it gets acclimated to you, your nouse-hold and/or your resident pets? \square Yes \square No |
| Whether you plan to integrate your foster cat into your household or house it separately, please briefly describe the room where the cat will be confined (size, location in the house, windows, if any, etc.): |
| Do you understand that Second Chance Animal Rescue foster cats MUST BE KEPT INDOORS? ☐Yes ☐No |
| Oo you understand that as a foster parent you will be primarily responsible for providing pet sitting for your foster cat when you travel? Yes No |
| Please describe your current pet sitting arrangements, if any |
| Do you understand that Second Chance Animal Rescue will pay any necessary vet work while the cat is in your care, but that the care MUST BE PRE-AUTHORIZED by Second Chance Animal Rescue? \square Yes \square No |
| Do you understand that your foster parenting responsibilities include picking up your new kitties and transporting them to vet appointments and adoption fairs? \square Yes \square No Contact information, including for vet authorizations, will be provided to you when you begin fostering.) |
| |
| Do you understand that, should you find a person who is interested in adopting your foster cat, that person must go hrough the formal Second Chance Animal Rescue adoption application and approval process? Yes No |
| Do you understand that you may only release your foster cat to a person who you have been advised by Second Chance |
| Animal Rescue is an approved adoption applicant? \square Yes \square No |
| What type of cat do you desire to foster? (check all that apply) |
| ☐ The one with the most need ☐ Male ☐ Female ☐ Adult ☐ Either ☐ Pregnant ☐ Mom & kittens ☐ Declawed ONLY ☐ Declawed Preferred |

| If you are interested in fostering kittens, how ma | any at one time are you equipped to handle? |
|--|---|
| mom cat through her pregnancy, through a minir | om cat and her kittens requires a lengthy time commitment to keep the mum of 8 weeks of nursing and weaning the kittens, and then, once the Itil mom herself is adopted. Are you prepared to make this additional |
| have not done so in quite some time. These cats | deal of socialization, because they have never lived with people, or are not feral, but require more patience and a more long-term en involving many months. Are you interested in fostering one of these |
| | Yes □No |
| Questions or comments: | |
| By signing this application, I certify that neither I animal cruelty, neglect, or abandonment. (REQU | l, nor any other person residing in my home, has ever been convicted of IRED BY VIRGINIA STATE LAW) |
| Signature: | Date: |