



Claresholm Animal Rescue Society

PO Box 2579, 4110 - 3 Street East, Claresholm, Alberta T0L 0T0

Telephone: 403-625-5370

claresholmcares@gmail.com



FOSTER HOME - CAT APPLICATION

Personal Data (please print)

Date: _____

Name: _____ Spouse's Name: _____

Civic Address: _____ City/Town PC _____

Mailing Address: _____ City/Town PC _____

Home Tel #: () _____ Alternate Tel #: () _____

Email Address: _____

Household Information:

Living Accommodations: House Mobile Home Apartment
 Own Rent Other (explain) _____

Landlord/Apt Manager Name: _____

Phone Number: () _____ If applicable, does your lease allow pets? Yes No

Do you live there full-time? Yes No How many hours per day are you home? _____

Describe your property including size: _____

Your Pets & Animal Care Information:

Do you currently have other pets? Yes No

Are the animals in your household up-to-date on the vaccinations? Yes No No other pets

If you have other pets, do they get along with other animals? Yes No

Describe your family and how many pets you currently have: _____

Do you understand the need for a gradual introduction into the household? Yes No

Please explain how you will introduce the foster cat(s) to your pets? _____

Is there a particular foster cat you are interested in? _____

Why do you want to foster a shelter cat? _____

What type of foster situation are you most interested in?

- pregnant cat
- single cat recovering from an injury
- mother with kittens
- single cat with diet restriction
- orphaned kitten(s) needing bottle feeding (24/7 care)
- single cat with socialization issues (shyness, fear)
- single cat with ongoing medical issues (diabetes, etc.)
- other _____

Foster cats must be kept indoors at all times, unless you have a secure outdoor kennel area for exercise. Are you prepared to keep the foster cat safe, either indoors or in a secure outdoor locations when allowing it exercise?

- Yes No

Do have experience handling / taking care of cats?

- Yes No

How would you describe the activity level in your household?

- Low Medium High

Who will be the primary person responsible for the foster cat's care? _____

CAREs will provide dry cat food once a month, other medicines or necessary supplies as needed and agreed to by all parties in this agreement, for the foster cat only.

Do you agree that if the foster cat requires special food or medical treatments, that you will follow animal care instructions and document that this has been done?

- Yes No

Do you agree that you would be responsible to take the foster cat to pre-approved veterinarian appointments in Claesholm when needed?

- Yes No

Please provide the name of your **small animal vet/clinic**: _____

Tel: () _____

Please provide the name of a **personal reference**: _____

Tel: () _____

I agree to give CAREs permission to contact my vet and/or personal reference. Yes No **Initial:** _____

Do you agree to work with the foster cat to help it realize its full potential and work on its weaknesses (socialization, medical issues, etc.)?

- Yes No

Does anyone in your home suffer from allergies?

- Yes No

Do you understand that the foster cat is the property of CAREs and that if you are going on vacation or an extended leave, that CAREs must be notified so that they can determine if the cat can stay in the foster home during that period, or if it should come back to the shelter?

- Yes No

You agree to give adequate notice (two (2) weeks minimum), should you need temporary care for your foster cat.

Yes No

NOTE: CARES attempts to match foster parents with a suitable cat so that the foster is a success. CARES does not want to be re-homing foster cats once the foster cat has been placed. CARES has an expectation that the foster cat family will give the foster cat that they have been paired with, the opportunity to become comfortable in their new environment. This means that foster families are expected to home the cat for at least three months to ensure that all parties have had a chance to determine if the foster match is working.

In the case of a situation involving health and safety of the foster family or the cat(s), CARES will reconsider this time-frame and will decide if the situation warrants the cat being removed immediately.

Adult cats take time to adjust to new environments and may react in many different ways including but not limited to hissing, growling, and/or hiding. Is this something you are willing to work through with your foster cat?

Yes No

Are you willing to give CARES at least three (3) weeks notice to re-home a foster cat if it is not working out in your home?

Yes No

Are you aware that foster cats/kittens may cause damage to your belongings, and CARES is not responsible for those damages?

Yes No

Furthermore, do you agree to relieve and absolve the Claresholm Animal Rescue Society and any of its members, of any responsibility for said damages, should they occur?

Yes No Initial: _____

Are you willing to foster a cat/kitten for as long as it takes to find its forever home? Yes No

*****Cats/kittens don't adapt as well to change as dogs do, and therefore this is very important to commit to.**

Do you acknowledge that any property such as equipment, material, donations, or identification issued by CARES remains the property of CARES, and is to be returned upon your resignation, termination, or demand?

Yes No

Are you willing to accommodate adoption visits in your home that can last anywhere between 15-30 minutes?

Yes No

These visits will be set up with the foster family by a CARES representative based on the foster family's availability and fosters will be given sufficient notice of at least 24 hours.

I have read the above information carefully and have completed the application honestly. By signing below, I certify that the information is true. I understand that omission of information or failure to answer questions honestly, can result in the application being denied. Also, if an omission or untruth is discovered after approval takes place, I understand that the Claresholm Animal Rescue Society reserves the right to annul the foster placement and reclaim the animal. I give CARES permission to fully investigate information provided.

Applicant's Signature

Date

CAREs' Signature

Date