

LAST HOPE ANIMAL RESCUE & REHABILITATION, INC.

**CAT FOSTER CARE APPLICATION
(PLEASE PRINT CLEARLY)**

Name _____ date of birth (25 years of age minimum) _____
Street Address _____ phone-home _____ work _____ cell _____
City _____ State _____ Zip Code _____ Occupation _____
Driver's license _____ State _____ E-mail address _____

Please circle all appropriate responses:

I am willing to foster the following: *Cat with kittens* *kittens* *sick cat/kitten* *adult cat*

Have you ever fostered animals before? Yes No If yes, for what organization? _____

If no, what experience do you have that would be helpful in fostering? _____

Have you ever socialized a cat/kitten? Yes No Have you ever medicated a cat/kitten? Yes No

What type & how many animals do you currently have in your home? _____

Have your animals been spayed or neutered? Yes No Are they up to date on vaccinations? Yes No

If cats, have they been tested NEGATIVE for FeLV/FIV? Yes No Do you let your cats outdoors? Yes No

Who is your veterinarian? _____ His/Her city of business _____ phone _____

Do you own your home? _____ If you rent, your landlord's name & phone number? _____

Please list the number & ages of all individuals that reside in your home. _____

Does anyone in your household have allergies? Yes No

Do those in your household agree with your desire to foster? Yes No

If No, explain _____

Describe the area where the cat/kitten you are fostering will be kept? _____

How many hours a day will the cat/kitten be without adult care? _____

Will you be able to transport your foster to our clinic on weekdays? Yes No Evenings and weekends? Yes No

Will you allow a Last Hope volunteer to visit the cat/kitten at your home? Yes No

References:

1. Name/phone number (not a relative) _____

2. Name/phone number (not a relative) _____

As a foster parent, you will be required to keep your foster cat/kittens within an enclosed indoor area apart from your own animals at all times. By initialing, you acknowledge that you will abide by these provisions. Initials: _____

As a foster parent, I understand that anyone interested in adopting a cat/kitten (including myself) must go through the standard adoption process and that approval of applicants & placement of animals is up to Last Hope? Initials: _____

As a foster parent, I understand I will be responsible for the cat/kitten(s) until they are adopted. I understand the length of time they are in my care will vary. I understand that if during the time I am responsible for a foster kitty I am unable to provide care, I will inform the foster coordinator as soon as I am aware of the situation. Initials: _____

All new foster parents must attend a foster orientation. You will be contacted in regards to the date, time, and location of the orientation. Additionally, while you are caring for foster animals, we may call you from time to time to check on the animals' progress and address any concerns you may have. If you have any concerns, call the foster coordinator.

By signing this form, you agree to the above statements, certify that the answers you have given above are true and that you will abide by Last Hope, Inc's policies.

Signature _____ date _____

Mail completed application to: Last Hope Animal Rescue & Rehabilitation, Inc., P.O. Box 7025, Wantagh, NY 11793
Or drop it off at the Last Hope Wantagh Adoption Center, 3300 Beltagh Ave, Wantagh, NY 11793