

# S.P.E.A.K. ANIMAL HOSPITAL & CAT SANCTUARY FOSTER APPLICATION

## GENERAL INFORMATION:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address:

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How did you hear about S.P.E.A.K. Cat Sanctuary Fostering Program?

Why are you interested in fostering?

How long are you willing to/able to foster?

Do you?

Own

Rent

Live w/ parents

Live w/ roommate(s)

If renting, does your lease/rental agreement allow pets?

YES

NO

Landlord Name: \_\_\_\_\_

Landlord #: \_\_\_\_\_

Type of residence:

Single family home

Townhome

Apartment

How long have you lived at your current residence?

\_\_\_\_\_ Years

\_\_\_\_\_ Months

Please list **ALL NAMES** and **AGES** of members of your household, including yourself:

NAME	AGE

Household activity level:

LOW

MEDIUM

HIGH

Who will participate in caring for the foster cat(s)/kitten(s) other than yourself?

Does anyone in your household have a known allergy to cats?

YES

NO

Please list **ALL PETS** owned in the **past 5 years**, starting with current pets:

NAME	TYPE/BREED	# years owned	Spayed/Neutered

Are you a student?

YES

NO

If YES, please specify whether you are full-time/part-time student:

FULL TIME

PART TIME

Do you drive OR have access to a vehicle to bring your foster to events/appointments?

YES

NO

## VETERINARY INFORMATION:

Name of your Veterinarian/Animal Hospital:

\_\_\_\_\_

Phone #: \_\_\_\_\_ Name records are under:

\_\_\_\_\_

Are ALL your animals current on their vaccinations?

YES

NO

Do your animals have any health issues?

YES

NO

If YES, please explain:

If you have cats, are they declawed?

YES

NO

If YES, what were the circumstances?

If you have cats, are they?

INDOOR

OUTDOOR

BOTH

Who cares for your animals while you are away?

Have you previously adopted from us or any other shelter?

YES

NO

If YES, from whom:

Have you ever given away/re-homed/returned an animal for any reason?

YES

NO

If YES, what were the circumstances?

## **FOSTERING:**

What is your past/current experience with cats?

Do you have previous experience fostering cats or other pets?

YES

NO

If YES, please explain:

Which of the following are you willing to foster?

Kitten(s)

Adult cat 1-6yo

Pregnant/Nursing mom

Bottle-fed kitten(s)

Senior cat 7yo+

Geriatric cat

Special Needs

Rehabilitation/Recovery

FIV +

Do you feel comfortable medicating?

YES

NO

## ARE YOU...

Willing to take foster cat(s) to veterinary appointments?

YES

NO

Willing to talk with prospective adopters about your foster cat(s)?

YES

NO

Willing to have home visits from SPEAK staff members, if needed?

YES

NO

Willing to give S.P.E.A.K. regular status updates about your foster(s)?

YES

NO

Willing to transport foster(s) to adoption appointments/events?

YES

NO

## REFERENCES:

Please provide 2 references that you have known for more than 2+ years:

Ref. 1 Name: \_\_\_\_\_

Ref. 2 Name: \_\_\_\_\_

Ref. 1 #: \_\_\_\_\_

Ref. 2 #: \_\_\_\_\_

Ref. 1 Email: \_\_\_\_\_

Ref. 2 Email: \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

I understand the responsibilities that I am assuming by fostering this cat(s)/kitten(s). I know there may be unforeseen circumstances and expenses that come with the introduction of a foster into my household. I agree to **ALWAYS** contact S.P.E.A.K. for any questions, concerns, and **ANY** sick/emergent circumstances!

I certify that I have NEVER been charged or convicted of animal abuse or neglect. I understand S.P.E.A.K. Animal Hospital and Cat Sanctuary is a non-profit organization, a fully functioning veterinary facility, as well as a feline sanctuary, and that by fostering you are agreeing to volunteer your time, efforts, patience, and energy to the foster cat(s)/kitten(s).

I acknowledge that the cat(s)/kitten(s) in my care belong to S.P.E.A.K. Animal Hospital and Cat Sanctuary. If I wish to adopt the cat(s)/kitten(s), I must be approved first through adoption process.

I understand that as a foster volunteering, I may gain access to information about the organization or the foster cat(s)/kitten(s) that is confidential. I agree to respect and maintain the confidentiality of all animals, donors, volunteers, and staff working at S.P.E.A.K. Animal Hospital and Cat Sanctuary.

Being a foster is a HUGE responsibility and commitment. It does involve some risk of injury and illness. Injuries include, but are not limited to, those caused by slips and falls, cat scratches and bites. Cat bites (and severe scratches) may cause infections. Most illnesses or conditions are species specific; however a few, such as giardia, toxoplasmosis, and other parasitic or fungal conditions such as ringworm, are not. Furthermore, without proper sanitation you could spread illnesses.

By signing below, you understand you accept this risk and agree that S.P.E.A.K. Animal Hospital and Cat Sanctuary will not be liable for any damage, injury or illness sustained while fostering in any capacity, including but not limited to, volunteering at the shelter, at an animal adoption, with foster animals in your own home or the homes of others.

By signing below, I acknowledge that I understand everything I have read in this application and I have answered all the questions truthfully. I further understand that S.P.E.A.K. Animal Hospital and Cat Sanctuary is considered the guardian of the cat(s)/kitten(s) in question and has the right, in its sole discretion, not to approve this application as well as the right to remove the cat(s)/kitten(s) from the foster home for any reason at any time.

Do you understand and agree to the terms of this foster application?

YES

NO



Signature: \_\_\_\_\_

Date: \_\_\_\_\_