



The Feline Foundation
OF GREATER WASHINGTON, INC.

FOSTER APPLICATION

Thank you so much for your interest in becoming a foster parent for **The Feline Foundation**. 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 **MAIL or FAX it to the attention of our Foster Coordinator**, at the address or fax number below. A volunteer will be in touch with you shortly after receiving your completed application.

Please Print

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

How did you hear about Feline Foundation? _____

How long have you been at your present address? _____ Do you consent to a home visit, if required? Yes No

Are you planning to move in the next 6 months? Yes No

Do you Rent* Own Apartment* House* Condo/Co-op* Live with parents Other _____

*Name and phone number of landlord/complex/property manager _____

Do you have your landlord/condo/co-op's permission to have a pet/pets? Yes No

NOTE: YOUR LANDLORD'S WRITTEN PERMISSION OR A COPY OF YOUR LEASE OR CONDO/CO-OP DOCUMENTS MAY BE REQUIRED.

How many adults are in your household? _____ Children? _____ Ages: _____

Are family members aware that you are considering fostering a cat? Yes No

Please list all pets you currently have in your household or have had in the last 5 years

TYPE OF PET/ SEX /AGE	NEUTERED	KEPT WHERE	TIME OWNED/WHAT HAPPENED?
1 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
2 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
3 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
4 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
5 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
6 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
7 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
8 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____

(Please list additional pet information on reverse.)

Do any of your own pets go outside? Yes No Attended? Yes No Alone? Yes No

Do we have your permission to speak to your vet about the care given to your past and current pets? Yes No

Name/address/phone number of your current vet hospital _____

Note: All resident cats must be current on rabies and FVRCP vaccines and test negative for feline leukemia and FIV.

Names and phone numbers of 2 personal references who are not family members:

1 _____

2 _____

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: _____

(continued)

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? Yes No

If so, do you have a spare bedroom/bathroom/study etc. to house your foster cat until it gets acclimated to you, your household and/or your resident pets? Yes 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 Feline Foundation foster cats **MUST BE KEPT INDOORS**? Yes No

Do 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 the Feline Foundation will pay any necessary vet work while the cat is in your care, but that the care **MUST BE PRE-AUTHORIZED** by the Feline Foundation? Yes No

Do you understand that your foster parenting responsibilities include picking up your new kitties and transporting them to vet appointments and adoption fairs? Yes 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 through the formal Feline Foundation 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 the Feline Foundation is an approved adoption applicant? Yes 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 many at one time are you equipped to handle? _____

Please note that fostering a pregnant cat or a mom cat and her kittens requires a lengthy time commitment to keep the mom cat through her pregnancy, through a minimum of 8 weeks of nursing and weaning the kittens, and then, once the kittens are adopted and the mom is spayed, until mom herself is adopted. Are you prepared to make this additional time commitment?

Yes No

We often find cats and kittens who need a great deal of socialization, because they have never lived with people, or have not done so in quite some time. These cats are not feral, but require more patience and a more long-term fostering commitment than the average cat, often involving many months. Are you interested in fostering one of these special cats? Yes No

If so, do you have experience with such cats? Yes No Please briefly describe your experience _____

Questions or comments: _____

By signing this application, I certify that neither I, nor any other person residing in my home, has ever been convicted of animal cruelty, neglect, or abandonment. (REQUIRED BY VIRGINIA STATE LAW)

4/03

Signature: _____ Date: _____

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