

Foster Care Application – Feline

Tails to Tell Animal Rescue Shelter Ltd

Email: foster@tailstotell.ca

Web site: www.tailstotell.ca



Contact Information

Name: _____ Co-Applicant Name: _____

Street Address: _____ Mailing Address if different: _____

City, Province, Postal Code: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Co-App Employer: _____ Occupation: _____ Work Phone: _____

Family Information

No. of adults in household: _____ ages: _____ 18-30, _____ 31-50, _____ 51-65, _____ 65+ _____

No. of children in household: _____, ages: _____

Besides your immediate family, are others residing in your home? _____

Relationship _____ Names and ages: _____

Do they share your interest in fostering? _____ Is anyone in your home allergic to cats? _____

Home Information

Do you own or rent your home? _____ How long have you lived at current address? _____

Please describe-house, apartment, townhouse, condo? _____ Sq. feet? _____

Do you have permission of your landlord/condo board to have animals/foster cat(s)? _____

Tails to Tell will require a written letter of consent.

Is a pet deposit required? _____ Paid? _____

Current Pet Information

Please list your current pet(s): Name, Age, Species, Gender, and Breed: _____

Are all current pets Spayed/Neutered? _____ Up to date on vaccinations? _____

Do your current pets get along with other cats? If you think there may be a conflict, please describe how you will keep the foster cat separate from your family pet(s)? _____

Foster Information

We will use this information to assess your level of experience. Our interest is only to provide a happy and healthy foster experience for the foster family and the felines under care.

How long are you willing to foster a particular animal?

WEEK MONTH AS LONG AS NEEDED OTHER _____

Please describe where the cat will stay during the day, at night, and when you aren't home:

Please check the type of felines you would be interested in fostering:

- Mother and kittens
- Newborn litter of kittens (orphaned, to bottle feed and wean)
- Single or family of kittens (7-12 weeks)
- Special needs – medical
- Special needs – behavioural
- Special needs – shy/frightened to socialize
- Recovering from illness/injury
- Adult – male/female
- Senior
- Any

Are you willing to work with a foster cat on litter box issues if needed? YES / NO

Are you willing to foster a 'Special Needs' cat needing special medical treatment? YES / NO

Would you be willing to bring the cat into shelter for vet visit/medical treatment? YES / NO

Would you be willing to transport cat to City Center Animal Hospital in Airdrie for any necessary vet care? YES / NO

Have you ever administered medication (pills, topical cream, etc) to an animal? YES / NO

Would you feel comfortable administering medication to an animal? (Demonstration by us) YES /

NO Have you ever administered SubQ or other types of injections to an animal? YES / NO

Would you feel comfortable administering injections to an animal (demonstration by us)? YES / NO

Are you willing to treat or feed an animal several times during night and day? YES / NO

During the day, how long are you away? _____hours

At night, how long are you away? _____hours

During weekends, how long are you away? _____hours

Would you consent to home visits by our staff members? (pre foster and during) YES / NO

Are you willing to meet with potential adopter either in your home or theirs? YES / NO

Why would you like to foster? _____

Anything you'd like to share? _____

Please provide two personal references.

Name: _____Relationship: _____

Contact info: _____

Name: _____Relationship: _____

Contact info: _____

Tails to Tell Animal Rescue Shelter covers the medical expenses for all foster animals. Our vet care costs are only discounted through City Center Animal Hospital in Airdrie and is the only clinic we currently use for routine care. With the obvious exception of a life threatening medical emergency, contact foster coordinator or the numbers provided to you for authorization and clinic for care. If you decide to take your foster to a different vet for convenience or any other reason, Tails to Tell will not be able to cover the cost of the visit. Thank you for your understanding.

I understand that the animals which I agree to foster may have been a stray and in addition I accept and understand the following conditions:

- I acknowledge the cat I am fostering may not be vaccinated, de-wormed, spayed/neutered.
- I acknowledge the cat I am fostering may have or develop a potentially contagious medical condition. (FIV, FeL V, Distemper, parasites, upper respiratory infection)
- I have the right to request the medical history of the cat I am fostering
- I agree to monitor the foster cat for lethargy, loss of appetite, vomiting, severe diarrhea or any serious change in behaviour. If any of these things occur I agree to contact staff for consultation.
- I agree to abide by all rules and regulations set forth by Tails to Tell staff and outlined in the foster manual.
- I understand I am fostering this cat(s) and not adopting.
- If family or friends are interested in adopting, please refer them to shelter for application process.
- I hereby accept temporary possession and responsibility for the animals I foster and release Tails to Tell Animal Rescue Shelter from liability for any injury or damages to any person or property caused by the animal and from any causes of action, claims, suits or demands that may arise as a result of such injury or damages. I understand the risks of working with animals and accept these risks.
- I agree to keep the cat(s) I am fostering under my control, safe and indoors.
- Tails to Tell Animal Rescue Shelter will provide necessary food and supplies.
- I will relinquish any foster animal to Tails to Tell Animal Rescue Shelter Ltd upon request.

I/we confirm that the information provided on this form is true and accurate to the best of my/our knowledge.

I/we understand and accept the terms and conditions.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____