

151 NC Highway 9, Ste B #167

Black Mountain, NC 28711

lapsandnaps.org

SENIOR CAT FOSTER APPLICATION

Laps and Naps Home for Senior Cats Inc. reserves the right to refuse any foster application. Please understand that completing this application does not guarantee you will be approved. No animals will be placed in the care of prospective fosters who mislead our staff or fail to provide accurate information on the foster application.

Full Name:					
Address:					
City:	State:	Zip Code:			
Home Phone:	Cell Phone:				
Email Address:	ress: Date of Birth:				
Employer:	Position:				
Does your job involve frequent trave	el? Yes	No			
If yes, how will you arrange	for the care of the care	at(s)?			
In what type of home do you live?	Apartment	Condo	Trailer	House	
Do you: Own Rent					
If you rent, does your lease allow cats? Yes No					
What is the name and phone number of your landlord/property management company?					
Name:		Phone	:		

Please list all of the people living in your household (list additional people in the comments section):

Name	Relationship to You	Age

If no, please explain:

How would you describe your household? Quiet Average Hectic					
If you share your dwelling, are all members of the house of a senior cat? Yes No	ehold in agree	ment concerning the fostering			
Are you or anyone in your household allergic to animals	s? Yes	No			
If yes, how do you intend to deal with this?					
Will this Senior Cat have free range of your home?	Yes	No			

Please list ALL pets currently living in your home. List additional pets in comments section.

					Curren	t on	FIV/Fe	LV tested
Name	Breed	Age	Spayed/N	leutered	Vaccina	tions	negative	(cats only)
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No

Who is your current veterinarian (or previous veterinarian if you've owned pets within the last 5 years)? Name: Phone: Yes No Have you ever surrendered a pet to a shelter or rescue? If yes, what were the circumstances? Personal reference (not a family member): Name: Phone: Relationship: Years known: How many hours a day would the Senior Cat be left alone? Are you willing to spend the time and effort necessary to help this pet adjust to your home and lifestyle? Yes No

Yes

No

Under what circumstances would you not keep this cat?

Yes

No

Do you have a doggie door installed in your home?

Would you agree to a home visit?

What would you do if the cat urinated or defea	cated outside of the litter box?
Please list any comments or questions for us:	
How did you hear about our Senior Cats foste	r program?
my knowledge. I understand that if I am accept and any medical decisions/rehoming decisions. Senior Cats Inc. I understand that any false start me on this application may result in an immedianimal to be returned. Laps and Naps shall be damages of every kind for injury to any personarising out of or attributed to, directly or indirectly for the formal to the formal that agreement, including the negligence of Laps and Naps Home for Senior	orth in this application are true and complete to the best of pited as a foster, that I am not the rightful owner of the cat is will ultimately be made by Laps and Naps Home for attements, omissions, or other misrepresentations made by diate termination of the foster contract and the foster held harmless from and against any and all claims and in or persons and for damage to or loss of property, rectly, the operations or performance of the above named claims and damages arising in whole or part from the r Cats Inc. I agree to notify Laps and Naps of any injuries rus pertaining to my foster as soon as possible.
Signature:	Date:
Office Use Only: Results of Reference/Vet Checks:	
Approved for Laps and Naps by:	