



Foster Care Application

Contact Information:

Name: _____ Co-Applicant Name: _____

Relationship to co-applicant: _____

Street Address: _____

Mailing Address (if different): _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Work Phone: _____

Family Information:

Number of Adults in Household: _____ Ages: _____

Number of Children in Household: _____ Ages: _____

Besides immediate family, are others residing in the home: _____

Names and Ages: _____

Is anyone in your Home allergic to Cats: _____

Home Information:

Do you own or rent: _____ How long have you lived at current residence: _____

If you rent please provide landlords name and phone: _____

Do you have permission to have foster cats: _____

Current Pet Information:

Please list current pets Name, Age, Species, Gender, and Breed:

Are all your current pets spayed/neutered:_____ On monthly flea meds:_____

Current on vaccines:_____ Tested for FIV/Felv:_____

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:

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 are not home:

Are you willing to transport the cat for any necessary veterinary care:_____

NOTE: Forgotten Felines covers medical expenses for all foster animals. However, our vet care costs are only discounted through particular vets and therefor they are the only clinics we currently use for routine care. With the obvious exception of a life threatening medical emergency, if you should decide to take your foster animal to a different vet for convenience or any other reason, Forgotten Felines will not be able to cover the cost of the visit. Thank you for your understanding.

Are you Willing to meet with a potential adopter either at your home or theirs:_____

Foster Care Agreement

I/we understand that all animals are TEMPORARILY fostered for Forgotten Felines of WNY

I agree to keep any foster animal under my control at all times while I am fostering, keeping cats inside the residence.

If my foster pet(s) shows any signs of health or behavioral problems, I understand that I need to contact Forgotten Felines of WNY immediately.

I will relinquish any foster animal to Forgotten Felines of WNY upon there request.

If you or your acquaintances should become interested in adopting a foster pet, an adoption application can be acquired through Forgotten Felines of WNY.

Forgotten Felines of WNY is not responsible for damage or injury to any person, animal, or possession caused by a foster animal.

By signing below, you are verifying that you have read and agree to all terms stated above.

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

Applicants Signature: _____

Applicants Printed Name: _____

Date: _____

Co-Applicants signature: _____

Co-Applicants Printed Name: _____

Date: _____

Note: Submission by email will serve as signature agreement