



Coco's Animal Rescue Efforts of Seymour (CARES) is a 501 (c) (3) organization  
 Tax ID# 27-5109298  
 CARES ▪ 115 Silvermine Road ▪ Seymour, CT 06483  
[www.seymourcares.org](http://www.seymourcares.org) ▪ [seymourcares@yahoo.com](mailto:seymourcares@yahoo.com)

## Cat Foster Application and Agreement

Name of applicant:	Email:
Address:	Phone:
Health insurance coverage: No ___ Yes ___ with _____	
Reference's name:	Reference's phone:
List previous organization(s) with whom you volunteered or fostered:	

Cat you are interested in fostering: \_\_\_\_\_

Describe your experience with cats and socialization of cats including feral and domestic kittens:

### Household Information

I own ___ rent ___ live with a parent or guardian ___
How long have you lived at this address?
Number of people at this address?
Relation to the people you live with and their ages. If you do not live with anyone else, state so.
Are you or anyone else in the household allergic to cats?
Do you have current pets? Yes ___ No ___ If yes, provide details (type, vaccine status, spay/neuter status).
Is your home quiet ___ busy ___ mix of both ___
Do you have a separate room for the foster? Yes ___ No ___ If yes, is there a door? Yes ___ No ___

If approved, I, \_\_\_\_\_, agree to foster the cat(s) for Coco's Animal Rescue Efforts of Seymour (CARES) for a limited period of time. I understand that I am acting as a temporary custodian of any and all cats fostered for CARES, and that CARES retains sole ownership rights of any cat offered for foster care. I agree that my services as a foster care provider is on a strictly volunteer basis. \_\_\_\_\_ (initials)

I also agree to provide foster care in strict compliance with the policies and procedures of CARES. This includes but is not limited to (place initials in the space provided after reading each item below):

- Committing to fostering for the duration agreed upon with CARES. \_\_\_\_
- Providing adequate water, shelter, safe containment and humane treatment for the animal(s) at all times. \_\_\_\_
- Monitoring the animal(s) and providing proper care. \_\_\_\_
- Providing proper care and socialization for the animal(s). \_\_\_\_
- Calling the Foster Care Coordinator periodically to advise on the progress. \_\_\_\_
- Notifying CARES immediately of any major change in the fostered animals health or animal being lost.
- Agree that CARES will provide the necessary food and medical care for the fostered animals in your temporary care. \_\_\_\_
- Agree to represent yourself professionally. \_\_\_\_
- Return the foster immediately upon request. \_\_\_\_

**Indemnity**

(Please read the following and place initials the box provided after each item)

I agree to release, discharge, indemnify and hold harmless CARES, including its agents and volunteers, for any and all personal injuries or damages to property or pets caused by the foster cat(s).	
I recognize that in handling the foster cat(s), there exists a risk of injury including physical harm caused by the foster cat(s). On behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify and hold harmless CARES, its agents, and volunteers from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.	
I understand that public relations are an important part of volunteering in the foster care program. I agree on behalf of myself, my heirs, personal representatives and executors to allow CARES to use any photographs taken of me for use of public relations efforts.	
I understand that I may refuse to be photographed, and that such refusal shall not change my status as a CARES Foster Care Provider.	
I understand that as an individual, I cannot enter into agreements for the organization; any such activity will be forwarded to the CARES Board of Directors.	

\_\_\_\_\_  
 (Foster Care Provider) Date: \_\_\_\_\_

\_\_\_\_\_  
 (CARES Officer) Date: \_\_\_\_\_

Below, to be signed after foster application has been approved.

I have received, read, and understand the Foster Care Guidelines provided during orientation by CARES.

\_\_\_\_\_  
 (Foster Care Provider) Date: \_\_\_\_\_