

# Cat Foster Application



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Date: \_\_\_\_\_

## Applicant/Co-Applicant Information

Applicant Name: \_\_\_\_\_

Age (please circle one): 20-35 / 36-50 / 51-65 / 66-75 / 76+

Co-Applicant Name: \_\_\_\_\_

Age (please circle one): 20-35 / 36-50 / 51-65 / 66-75 / 76+

## Your Home Information

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Single \_\_\_ Married/Partners \_\_\_ Roommates \_\_\_ Other \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Please circle: **Own** **Rent**

House \_\_\_ Condo \_\_\_ Apartment \_\_\_ Townhouse \_\_\_ Other \_\_\_\_\_

If renting, are you permitted to have pets? \_\_\_\_\_ How many pets are allowed? \_\_\_\_\_

Pet deposit amount: \$ \_\_\_\_\_ Monthly pet fee: \$ \_\_\_\_\_ When is your lease up? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Your Household Information

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Children Ages: \_\_\_\_\_

Does anyone in your present household have any on-going medical conditions (including allergies) that might interfere with cat fostering? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

## Employment Information

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ # of hours you work: \_\_\_\_\_

## Co-Applicant Employment Information

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ # of hours you work: \_\_\_\_\_

See reverse...

## Pets Currently Residing in Your Home (list all pets)

Name	Age	Species	Spayed/ Neutered?	Taking Heartworm Preventative?	Date of last vaccines	Personality of pet
			Yes / No	Yes / No		
			Yes / No	Yes / No		
			Yes / No	Yes / No		
			Yes / No	Yes / No		
			Yes / No	Yes / No		

## Cat Questions

1. Why do you want to foster a cat(s) at this time? \_\_\_\_\_

\_\_\_\_\_

2. Who will be responsible for the cat's care? \_\_\_\_\_

3. What are your concerns about fostering a cat? \_\_\_\_\_

4. What do you consider yourself (Please circle)?    **new cat owner**                      **experienced cat owner**

5. How many hours will the cat(s) be alone? \_\_\_\_\_

6. Where will the cat(s) be kept? \_\_\_\_\_

7. How do you feel about declawing a cat? \_\_\_\_\_

8. What behaviors would cause you to return the cat(s) to Cattails? \_\_\_\_\_

\_\_\_\_\_

9. Would you be willing to work with a Cattails representative regarding issues that may arise? \_\_\_\_\_

\_\_\_\_\_

10. Cats need human companionship. Are you willing to devote time to playing with and petting your foster cat(s)? \_\_\_\_\_

## References:

Veterinary Clinic Name: \_\_\_\_\_

City/State: \_\_\_\_\_ Veterinary Phone: \_\_\_\_\_

May a Cattails representative contact this clinic to confirm your pets are up to date on vaccines and are spayed or neutered? \_\_\_\_\_

**First Unrelated Personal Reference:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Second Unrelated Personal Reference:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**AS THE FOSTERING PARTY, I AGREE TO THE FOLLOWING TERMS:**

1. I agree to obtain the necessary permission and pay required pet deposits/fees required by my rental agreement.
2. I agree to contact Cattails to provide the foster cat(s) with the necessary vaccinations or treatments that may arise while the foster cat is in my care, and **UNDER NO CIRCUMSTANCES WILL I DECLAW THE CAT BEING FOSTERED!**
3. I agree to keep the cat indoors at all times and take all necessary precautions to prevent the foster cat(s) from escaping.
4. I agree to provide the proper nutrients, which CATTAILS will provide, and a continuous supply of clean water.
5. If for any reason I cannot continue to foster a cat, I agree to notify CATTAILS at the above phone number to return the cat(s), **allowing time for accommodations to be arranged.**
6. I understand that foster cats are, as far as can be determined by CATTAILS, in good health, but that unforeseen illnesses may arise. CATTAILS will be responsible for any medical fees incurred provided such health issues are not due to negligence or abuse on my part. If an issue should arise, I agree to notify CATTAILS immediately.
7. I understand that it is CATTAILS' policy that all of my animals currently in my home are all either spayed or neutered. If a foster cat is not already spayed/neutered, I agree to coordinate with CATTAILS to have it done.
9. I give CATTAILS permission to contact my landlord and to visitation rights to ensure that the terms of this foster agreement are being implemented.
- 10. I understand that Cattails is NOT LIABLE for any accidents, injuries or other unforeseen circumstances resulting from fostering cats.**
- 11. I understand that any failure to perform the foregoing agreement will constitute a breach of contract. In the event of a breach of contract, I authorize CATTAILS to reclaim possession of the cat(s).**

**SIGNATURES:**

Adopter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cattails Representative Name: Natalie Young Date: \_\_\_\_\_

Cattails Representative Signature: \_\_\_\_\_

Cat(s) I'm fostering: _____ _____ _____ _____ _____ _____
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