



Foster Application & Contract

Feline Rescue, Inc.
Attn: Foster Coordinator
593 Fairview Ave N.
Saint Paul MN 55104 651-642-5900

www.felinerescue.org

Name: _____ Phone (H): (____) _____

Address: _____ Phone(W): (____) _____

Email address: _____ Cell Phone (____) _____

Number of adults in the home _____

Ages of children in the home: _____

Is anyone allergic to cats? Yes ___ No ___

Is everyone in the home supportive of your decision to foster and understand the importance of following the policies and guidelines as stated in this document? Yes ___ No ___

Number of cats in the home _____ Number of dogs in the home _____

Other animals (example: ferret, birds) _____

Have your cats been FeLV/FIV tested? Yes ___ No ___ Results: Positive ___ Negative ___

Are they up to date on shots (including distemper)? Yes ___ No ___

Are they spayed/neutered? Yes ___ No ___ Are they indoors? _____ Indoors/outdoors? _____ Outdoors? _____

Name and address of your veterinarian _____

Do you: own _____ or rent _____ Live in a: house ___ apt ___ condo/townhome ___ mobile home ___
If you rent: Landlord's name: _____ Phone: (____) _____

Does the lease allow pets and are you authorized to bring additional pets into the home? Yes ___ No ___

Do you have a room in which your foster(s) can be separated from other pets? Yes ___ No ___

What kind of experience do you have caring for cats (include experience giving meds, socializing, etc.)?

Have you been or are you currently involved with another rescue group or humane organization?
Yes ___ No ___ If so, which one(s) and when? _____

Are you able to cover the cat's veterinary expenses during your foster commitment? Yes ___ No ___

If yes, would you like to take advantage of discounted rates? Yes ___ No ___

Would you like to be provided with litter? Yes ___ No ___

Would you like to be provided with food? Yes ___ No ___

What brand of cat food do you currently use? _____

For what length of time can you foster a cat/kitten? _____

Would you be interested in providing permanent foster care for a cat? Yes ___ No ___

How many cats are you able to foster at one time? _____

Which of the following are you willing to foster?

(You may indicate preference with numbers 1-7)

Pregnant cat _____
Momcat/kittens _____
Abandoned kitten(s) _____
Adult cat _____
Older cat _____
Feline Leukemia + cat _____
Special Needs cat _____

Are you able to transport the cat in a sturdy carrier to weekend adoptions and to the veterinarian as needed? Yes ___ No ___

Would you allow potential adopters to come to your home to see the cat? Yes ___ No ___

Do you agree to follow guidelines and policies (details to be provided) established by Feline Rescue, Inc. when interviewing potential adopters, when trained and authorized to do adoptions? The foster coordinator in those cases still retains final approval of adoption. Yes ___ No ___

Do you acknowledge that Feline Rescue, Inc. has informed you of state and city regulations regarding housing of animals? Yes ___ No ___

Date of your last Tetanus shot. _____

Please read the following statements and sign your initials if you agree to comply.

I understand that Feline Rescue, Inc. retains ownership of all cats and kittens in foster care, and reserves the right to reclaim a cat and terminate foster care if they feel it is in the best interest of the cat. _____

I understand that I will be expected to keep the cat/kitten secure and indoors only, return it to Feline Rescue, Inc. when requested to do so; and not promise the animal to anyone, or imply that I have authority to approve a potential adoption. _____

I understand that I will pay any just and reasonable amount to cover costs and expenses accrued by Feline Rescue, Inc. in securing the safe return of a foster cat or kitten that was in my care, if it is determined I gave or adopted it to someone without prior approval of Feline Rescue, Inc. _____

I understand that all veterinary visits must be to vets that are endorsed by Feline Rescue, Inc. and must be approved *in advance* by the foster coordinator. Likewise, all medical expenses must be authorized for payment *in advance* by the foster coordinator.

I understand that medical expenses not approved in advance are the sole responsibility of the foster caregiver (me). _____

I understand all adoption and medical decisions regarding the foster cat or kitten in my care will be made by Feline Rescue, Inc. _____

After you have initialed the above statements, please read and sign the following:

I have read and understand all the statements above. I declare that the information given is true and correct and agree that, if any false information has been provided, it may nullify my foster care contract with Feline Rescue, Inc. and I will arrange for the return all foster cats/kittens in my care to the foster coordinator.

Further, I understand that although Feline Rescue, Inc. takes reasonable care to screen cats/kittens for foster care placement, it makes no guarantees relating to its health, behavior or actions. I understand that I receive foster care cats/kittens at my own risk and can refuse to foster or return (allowing the foster coordinator a reasonable amount of time to secure another foster home) any cats or kittens for which Feline Rescue, Inc. has asked me to provide care. I acknowledge that Feline Rescue, Inc. is not responsible for any property damage or personal injury suffered by me, members of my household, or third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

Foster Caretaker Copy

Signature of Foster

Date

____ Yes
____ Date Rec'd

Signature of
Foster Coordinator

Date



Kneading Paws, Needing Homes
593 Fairview Ave. N. * St. Paul, MN 55104
www.felinerescue.org * 651-642-5900

Feline Rescue, Inc. Volunteer Waiver

Being a volunteer with Feline Rescue, Inc. involves some risk of injury and illness. Injuries include, but are not limited to those caused by slips and falls, cat scratches and cat bites. Cat bites (and severe scratches) may cause infections. Most illnesses or conditions are species-specific; however a few, such as giardia, toxoplasmosis, and other parasitic or fungal conditions such as ringworm, are not. Furthermore, without proper sanitation you could spread illnesses to your own cats.

By signing below, you understand and accept this risk and agree that Feline Rescue, Inc. will not be liable for any damage, injury or illness sustained while volunteering in any capacity, including, but not limited to working at the shelter, at an animal adoption, with foster care animals in your own home or the homes of others, rescuing cats, transporting cats, or trapping cats for health or spay/neuter purposes.

Printed Name of Volunteer

Signature of Volunteer

Date

Signature of Parent/Guardian (if under 18)

Date

NOTE: Feline Rescue, Inc. strongly recommends that your tetanus vaccination is up-to-date.