



**San Antonio Feral Cat Coalition--Community Cat Adoption Program
Foster Volunteer Application/Contract**

Name: _____ Date: _____

Address: _____

Home Phone: (_____) _____ Cell/Other Phone: (_____) _____

E-mail (Required, print CLEARLY) _____

Emergency Contact (Name & Number): _____

What sort of fostering are you able to do?

- Foster to Adopt Foster only this cat until adopted by someone else Foster on a regular basis

Are you signing up to foster a specific pet?

- Yes No If yes, Pet's ID#(s) _____

What is your type of residence? Own Home Rent Home Rent Apartment

Do you have children in your household? Yes No If Yes, How many? _____ Ages? _____

Is everyone in your household in agreement to foster? Yes No

Will you be moving within the next 60 days? Yes No

What are you interested in fostering?

- Kittens Cats

SAFCC needs foster homes to care for unweaned puppies and kittens. This requires round-the-clock care as these types of fosters need to be bottle-fed every couple of hours. We will provide training.

I am interested in fostering unweaned kittens Yes No

Permanent Dogs in home

- Currently have dog(s) No dog(s) now, but previously had dog(s) Never had a dog

Permanent Cats in Home

- Currently have cat(s) No cat(s) now, but previously had cat(s) Never had a cat

How many dog(s) or cat(s) do you currently have? Dogs: _____ Cats: _____

Foster Dog Experience:

- Currently have foster dog(s) Previously had foster dog(s) Never had a foster dog

Foster Cat Experience:

- Currently have foster cat(s) Previously had a foster cat(s) Never had a foster cat

If you have pets, please list your vet _____ **Phone #:** _____

List medical issues pets in your household have: _____

Please initial your agreement:

_____ I agree that SAFCC-Community Cats remains the legal owner of the foster cat(s)/kitten(s) in my care and that the foster(s) will be returned to SAFCC upon request.

_____ I agree to provide for the care of the foster(s) as requested and outlined by SAFCC Community Cats.

_____ I will keep the SAFCC-CC designee _____
Informed of the health status and socialization progress of the foster(s). I will inform the designee immediately of any serious health concerns.

_____ I will inform the SAFCC-CC designee of particular food, materials, etc. needed for the care of the foster(s). If SAFCC-CC is unable to provide those items, I will provide them, or I will notify SAFCC-CC of the need to arrange other foster care within 5 days. (Five days notice required.)

_____ I will understand that the foster(s) are placed in my care until adoptive or shelter placement is obtained. I agree to accept the foster(s) back in care for respite from adoption venues.

_____ I agree to facilitate adoption of my foster(s) by bringing them to "day adoption" venues as requested by SAFCC-CC.

SAFCC-CC agrees to provide for the medical needs of the foster(s) as far and as long as is financially feasible by the organization. Board approval is required for cumulative expenses above \$200, and may not be given. This may result in the need to raise funds for treatment, or euthanasia of the foster. Veterinary advice and need to alleviate the foster's suffering are important considerations.

Other:

Signature, Foster Caregiver

Date