



**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: _____



I agree that a representative of San Antonio Feral Cat Coalition may contact my veterinarian to confirm the information provided herein regarding my pets and I consent to the release of such veterinary information by my veterinarian to San Antonio Feral Cat Coalition ☐ Yes ☐ No

Where will the cat be kept?

☐ Confined to the bathroom ☐ Confined to a room ☐ Run of the house

How many hours a day would your foster pet(s) be alone?

☐ More than 9 ☐ 4-8 ☐ 2-3 ☐ Less than 2

Can you provide the following for your foster pet(s)? (check all that apply)

☐ Food ☐ Litter (cats only) ☐ Transportation

Do you object to a SAFCC representative coming to your home while the foster animal is in your care?

☐ Yes ☐ No

How did you hear about us? _____

By agreeing to foster in partnership with San Antonio Feral Cat Coalition I agree to the following:

Pet's Health and Disposition

San Antonio Feral Cat Coalition cannot guarantee the health or disposition of any foster animal. We do not have past records for these animals and there are some risks associated with taking in foster animals. Family pets will be current on all shots and foster pets will be kept isolated from family pets, for a minimum of 7 days (10-14 for cats) for the protection of all animals. I agree to be fully responsible for the safety and well being of the foster pet. I will provide a safe, loving, humane environment with adequate food water and shelter at all times. I will not declaw, crop ears, or crop tail of fostered pet. I will adhere to all state and local animal laws. I will promptly notify San Antonio Feral Cat Coalition of any signs of illness, behavioral issues or concerns, an inability to continue to foster, if the pet become lost, and/or if the pet bites someone.

Transfer of Animals

Animals cannot be transferred to the custody of another person, shelter, humane society, SPCA, or other entity without prior consent and permission of San Antonio Feral Cat Coalition Foster/Adoption Coordinator. I agree to not place this pet in another home without the written or verbal authorization from SAFCC, whether it be temporary or permanent.

Return of Animals

All the pets in the San Antonio Feral Cat Coalition foster program are the property of San Antonio Feral Cat Coalition and must be returned within 24 hours of request. I agree that I am fostering this pet for San Antonio Feral Cat Coalition and that I do not have any right of ownership over my foster animal. I further agree that SAFCC's rights in and to my foster pet are superior to mine. I agree to provide the Authorized Representative, or his/her designate access to my home and property to check on my foster pet, at any time while I am in possession of my foster pet.

Personal or Property Damage and/or Injury

I agree that accidental animal bites or other injuries to humans and other animals do occur, and agree to hold harmless and indemnify, and protect San Antonio Feral Cat Coalition from any claim or suit filed by someone as a result of such incident.

In addition, San Antonio Feral Cat Coalition will not be responsible if animal should damage or destroy property belonging to Foster Caregiver, Foster Caregiver household, or others, or if the animal shall transfer any disease, internal or external parasites to other animals and people in Foster Caregivers household.

I understand that if I am approved for fostering, this declaration represents a legal contract between me as the foster home caregiver and San Antonio Feral Cat Coalition. I understand that if I am approved to foster an animal, I must abide by this agreement and that this agreement applies to any and all animals that I foster with San Antonio Feral Cat Coalition

Accuracy of Information

By signing below, I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to the San Antonio Feral Cat Coalition Foster Care Program.

Please sign below, this indicates your agreement to be bound by these terms.

Signature: _____ Date: _____

I am at least 18 years old: ☐ Yes ☐ No



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