



Cat Foster Care Volunteer Application

PERSONAL INFORMATION (Please print):

Name: _____ Age: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work/Cell phone: _____

Email: _____

How did you hear about us? _____

HOUSEHOLD INFORMATION:

How many people are in your household?

Adults over the age of 21 (including self): _____ Ages: _____ Children (under 21): _____ Ages: _____

Does anyone in the household have allergies to cats? ___ Yes ___ No

If yes, who? _____

Do you live in: ___ HOUSE ___ APARTMENT ___ CONDO ___ DUPLEX ___ MOBILE HOME ___ TOWNHOME

Do you: ___ OWN ___ RENT How long have you been at this address? _____

Please list all of your current pets:

Dog or Cat	Breed	Name	Age	Male or Female	Spay or Neutered	How long owned?

Please use the back of the application if you run out of space. We recommend all other cats in your home be up to date on vaccinations. If you have any concerns, please discuss the idea of fostering cats with your veterinarian.



Who will be the primary caretaker of your foster cat(s)? _____

Do you agree to keep your foster cat indoors at all times? ___ Yes ___ No

How would you describe your level of experience with cat? *check all that apply*

- Never had a cat
- Had one or more as an adult
- Have experience working with ongoing medical problems with a personal cat
- Have experience working at a boarding kennel/resort/pet sitting service etc.
- Have experience working with behavioral problems with a personal cat
- Have experience working in a veterinary hospital
- Am a professional cat trainer
- Have previous foster/rescue experience, if yes, please describe: _____
- Had childhood pet cat
- Have experience with socializing cats

What types of cats are you interested in fostering? *Check all that apply*

- Adult
- Acutely sick cat/kitten
- Cat with behavioral issues
- Mothers with kittens
- Kitten(s)
- Injured cat/kitten
- Long-term hospice cats
- Cats requiring chronic medical care, e.g., diabetes

What situations do you feel unprepared for?

- excessive vocalization
- escaping
- not good with other animals
- provide ongoing training
- shy, fearful or under socialized
- destructive chewing
- not good with children
- scratching/biting
- high energy
- not litter box trained
- not good with other cats
- on medication
- blind/deaf

Please tell us anything else you would like us to know to help match you up with the right foster cat:



Please read the following carefully:

Friends of BCAS will require you to go fill out a foster application prior to being accepted as a foster parent. Friends of BCAS foster care volunteers may always refuse any specific request for any reason. Friends of BCAS will inform you of any medical treatments to be administered, the objectives of each particular placement (restoring to health, care until adoptable age, socialization, etc.) and any other restrictions or expectations we may have.

You will be expected to keep the cat safe and secure, return it to Friends of BCAS when requested to do so, and not promise the cat to anyone, or imply that you have the authority to approve a potential adoption. Friends of BCAS retains ownership of all cats placed in foster care, and will make all decisions regarding the adoption & placement of the cats fostered.

Unless otherwise arranged, the foster parent is responsible for providing all food, litter, bedding, and toys for the cat while it is in their care at home. The foster parent is responsible for transporting the cats to and from veterinary appointments, behavior evaluations, vaccinations, etc.,. The foster parent may also be responsible for transporting the cat to and from adoption events, and to off-site training classes, at the Cat Foster Coordinator's discretion.

Medical Emergencies and Treatment: Cats that require medical emergency while in your care should be taken to an area animal hospital. Mount Laurel Animal Hospital is our preferred provider if emergency treatment is necessary. Please contact the Cat Foster Coordinator in the event of an emergency. Approval from the Cat Foster Coordinator is required for veterinary visit and/or treatment. Friends of BCAS will determine which of our veterinary partners you will use. Friends of BCAS will be responsible for the costs incurred if we are contacted prior to emergencies, vet visits and/or treatment. **Do not take a foster cat to a vet without prior authorization. If the Cat Foster Coordinator does not authorize the vet visit, the foster volunteer is personally responsible for the cost.**

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although Friends of BCAS takes reasonable care to screen cats for foster care placement, it makes no guarantees relating to the cats' health, behavior or actions. I understand that I receive foster care cats at my own risk and can decline to accept any cat for which Friends of BCAS has asked me to provide care. I acknowledge that Friends of BCAS is not responsible for any property damage or personal injury suffered by me, members of my household, including my own cats, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

Signature

Date

Witnessed By

Date

Email: friendsofbcas.org@gmail.com