



FOSTER APPLICATION

Silver Whiskers Feline Rescue (SWFR) asks that you fill out the application completely. A foster home is an integral part of the adoption process. In order to find the best forever home for a cat, time is needed to find and vet all potential adopters. During this process, a foster home is where the cat will be socialized, cared for, and treated for any medical conditions while under the guidance of the rescue. The potential foster home needs to care for a cat that is most compatible with his/her lifestyle. A poor fitting foster home can result in an unpleasant experience for not only the foster family, but for the animal as well. We hope you will agree that the animal's welfare must be our main consideration. If the foster home does work out, we will expect to be notified immediately and will immediately return the cat to SWFR.

CATS NAME:

DESCRIPTION:

MICROCHIP:

FOSTER NAME _____ DATE: _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ CELL NUMBER _____

EMPLOYER _____ OCCUPATION _____

EMAIL ADDRESS _____ HOW DID YOU HEAR ABOUT US? _____

WHERE DO YOU LIVE? House Condo Apartment Dormitory Live with Parents

(please circle one)

Own or Rent? If renting: Please provide address and phone number of landlord OR existing rental agreement that indicates you are able to own a cat. _____

How long have you lived at this address? _____

Do you plan to move in the next 6 months? _____

How many total people live in your home? _____

Number and ages of children (Under 18) _____

Type of cat desired: Senior Cat Adult Cat Young Cat Kitten(under 6 months) Special Needs Hospice

(please circle all that apply)

Please list the reasons for wishing to foster a pet: _____

What pets do you currently have in your house hold? _____ Total Number? _____

Are your current pets spayed/neutered? _____

Name and phone number of your veterinarian _____

May we contact them for a reference? _____ If no, why not? _____

Who will be responsible for this pet? _____

Where will this pet be kept during the day? _____ During the night? _____

How many hours a day will it spend alone? _____

Where will it be kept when alone? _____

How do you feel about declawing a cat? _____

In many cases the cat's background is unknown to us as well as their medical history. Are you prepared to accept this uncertainty and provide necessary care?

Have you ever turned a pet into a shelter? Yes _____ No _____ If yes, please explain the circumstance _____

If the cat has or develops behavioral issues how will you handle them? (spraying, not using the litter box etc.) _____

Does your house have a doggy door? Yes _____ No _____

Will you allow a representative of our rescue group to do a home visit when announced in advance?

Yes _____ No _____

I understand the above questions and I authorize investigation of all statements contained in this application. I understand misrepresentation of facts or omission of facts is a cause for denial of fostering. I understand that Silver Whiskers Feline Rescue has the right to deny or approve this adoption application.

Foster Signature _____ Date: _____

SWFR Authorized Representative _____ Date: _____