



# RU4ME Pet Rescue CAT FOSTER APPLICATION

Date \_\_\_\_\_

Ru4mepetrescue@yahoo.com

561-251-2790

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone(C): \_\_\_\_\_ email address: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone(W) \_\_\_\_\_

Address: \_\_\_\_\_

Number of adults in home \_\_\_\_\_ Ages of children in home or visiting regularly \_\_\_\_\_

Have you adopted pets from RU4ME \_\_\_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_

How many hours per day would the foster be alone? \_\_\_\_\_

Is anyone allergic to cats or have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Is everyone in the home supportive of your decision to foster and understand the importance of following all RU4ME policies and foster care instructions? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of cats in the home \_\_\_\_\_ Ages \_\_\_\_\_ Do they have any medical conditions (i.e. diabetes, kidney failure) etc.? \_\_\_\_\_

Have your other cats been FeLV/FIV tested: Yes \_\_\_\_\_ No \_\_\_\_\_ Results: Positive \_\_\_\_\_ Negative \_\_\_\_\_

Date of last test? \_\_\_\_\_ Are your cats declawed? \_\_\_\_\_ Are they spayed/neutered? \_\_\_\_\_

Are they up to date on shots (Rabies, Distemper)? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Are they indoors? \_\_\_\_\_ Indoors/outdoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_

Are they on flea prevention? \_\_\_\_\_ Are they on heart worm prevention? \_\_\_\_\_

Have you had any past or current cases of the following with your cats?: FIP \_\_\_\_\_ Mange \_\_\_\_\_

Upper Respiratory \_\_\_\_\_ Ringworm \_\_\_\_\_ Ear Mites \_\_\_\_\_ Tape worm \_\_\_\_\_

Number of dogs in the home \_\_\_\_\_ Ages \_\_\_\_\_ Breeds \_\_\_\_\_

Other animals (i.e. ferrets, birds) \_\_\_\_\_

Name and address of your veterinarian \_\_\_\_\_

Date of last visit \_\_\_\_\_ Do you give us your permission to contact your vet for information on all your pets, past and present? \_\_\_\_\_

Do you: Own \_\_\_\_\_ or rent \_\_\_\_\_ Live in a: House \_\_\_\_\_ Apt. \_\_\_\_\_ Condo/townhome/villa \_\_\_\_\_

Mobile home \_\_\_\_\_ Single family \_\_\_\_\_

If you rent: Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the lease allow pets and are you authorized to bring additional pets into the home? Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach proof)

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

Will they routinely remain isolated or be mixed with your personal pets? \_\_\_\_\_

What kind of experience do you have caring for cats (including training, experience giving meds, socializing, bottle feeding newborns, grooming, etc.)? \_\_\_\_\_

Have you been or are you currently involved with another rescue group or humane organization? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, which ones? \_\_\_\_\_

Would you like to be provided with litter? \_\_\_\_\_ Would you like to be provided with food? \_\_\_\_\_

What brand of food do you currently use? \_\_\_\_\_

For what length of time can you foster a cat/kitten? (if you can only foster for a limited time, which cat/kitten you foster may depend upon how long you can foster) 2 weeks \_\_\_\_\_ 1 month \_\_\_\_\_ 2 months \_\_\_\_\_ Until adopted \_\_\_\_\_ As needed \_\_\_\_\_

How many cats do you feel able to foster at one time? \_\_\_\_\_

I prefer a cat that is: Quiet \_\_\_\_\_ active \_\_\_\_\_ Moderately active \_\_\_\_\_ have no preference \_\_\_\_\_

Check all below that you would be willing to foster:

Pregnant cat \_\_\_ Mom with kittens \_\_\_ Newborns requiring bottle feeding \_\_\_ Young self-feeding \_\_\_

Senior cat \_\_\_ Feline Leukemia+ cat \_\_\_ FIV cat \_\_\_ Disabilities \_\_\_ Special needs cat - medical \_\_\_

Special needs - behavioral \_\_\_

Are you comfortable giving animals medication (not shots)? \_\_\_

Have you ever: bottle fed \_\_\_ Syringe fed \_\_\_ Tube fed \_\_\_ Given sub cu fluids \_\_\_ Given shots \_\_\_

Are you able to transport the cat in a sturdy carrier to weekend adoptions at PETSMART and to the veterinarian as needed? Yes \_\_\_ No \_\_\_ (Occasional transport may be arranged)

Date of last Tetanus shot? \_\_\_\_\_

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

I understand that cats could be incubating an illness that is not obvious and should remain isolated for 7 days \_\_\_

I understand that RU4ME 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 must follow all care instructions given regarding the fosters in my care. \_\_\_

I agree to notify the foster care coordinator **immediately** if I suspect any illness in a foster \_\_\_

I understand that I will be expected to keep the cat/kitten secure and indoors only, return it to RU4ME 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 RU4ME 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 the prior written approval of RU4ME. \_\_\_\_\_

I understand that all veterinary visits must be to vets that are endorsed by RU4ME 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. (In case of emergency after hours, I must attempt to contact the foster care coordinator as soon as possible.)

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 RU4ME Pet Rescue. \_\_\_\_\_

After you have initialized 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 RU4ME and I will arrange for the return of all foster cats/kittens in my care to the foster coordinator.

Further, I understand that although RU4ME Pet Rescue 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 I can refuse to foster or I can return (allowing the foster coordinator a reasonable amount of time to secure another foster home) any cats or kittens for which RU4ME has asked me to provide care. I acknowledge that RU4ME is not responsible for any property damage or personal injury or illness suffered by me, members of my household, including my pets, or third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury. RU4ME reserves the right to refuse any application and will only contact those applicants who are approved.

**MINIMUM COMMITMENT FOR COMMUNITY SERVICE HOURS IS 6 WEEKS.**

\_\_\_\_\_ Attach copy of driver's license \_\_\_

Foster signature

Date \_\_\_\_\_

RU4ME Foster Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

6/14/20