



Thank you for your interest in fostering a cat from Kisses Not Hisses. So that we may better assist you, and find the right foster home for the right cat, we ask that you answer the following questions as completely as possible.

YOUR INFORMATION

Name: _____ Date: _____
Street: _____
City: _____ State: _____
Zip Code: _____
Email Address: _____
Phone: _____
Birthdate _____

HOUSEHOLD:

Please list the names, ages and relation of everyone in the household:

What type of housing do you live in? (Apt/Condo, Townhouse, Single Family....)

Do you own or rent? _____ If you rent, have you been landlord approved? _____

How long have you resided at this address? _____

Do your windows have screens? _____

(Cats claw through a screen quickly. You may need to consider leaving your windows closed.)

Have you ever bottle-fed a kitten before? _____

You may have to administer medication to the kittens that we supply. Are you comfortable doing so? _____

Have you ever fostered an animal before? _____

What pets do you currently own? _____

How long have you owned them? _____

Is/Are your animal/animals spayed/neutered? _____

It can take anywhere between a few weeks to a year to re-home a cat/kitten. What is the maximum amount of time that you feel comfortable fostering a cat/kitten? _____

How many hours per day will the foster animal be left alone? _____

Where will the foster animal stay during the day & night? _____

Who will be the primary caretaker of the cat/kitten? _____

Does anyone in the household have allergies? _____

How often do you travel? _____

Are you planning a vacation in the near future? _____

Are you willing to have someone from the rescue visit your home for a home visit? _____

Are you willing to cover the costs of caring for a foster cat/kitten except for medical expenses? _____

Please list the cat/kitten supplies you have for your potential foster (i.e. food, bowl, crate, bed, collar, toys)

PERSONAL REFERENCE INFORMATION

Please supply names and telephone numbers for 3 personal references, including your veterinarian.

FOSTER CARE AGREEMENT

I understand and agree to all information provided to me in my application process. If the animal I foster is on medication I will continue the medication as directed. I will not let the animal out loose by itself. If during the time I am fostering the animal, it requires medical attention I will contact the Kisses Not Hisses Rescue first unless it is an emergency. I understand the foster animal is the property of the Kisses Not Hisses Rescue and will not sell, trade or dispose of the animal. I understand the importance of my own animals being up-to-date on all standard vaccinations and have provided Kisses Not Hisses Rescue with a current shot record for each one.

I understand that anyone interested in adopting one of our foster cats or kittens must go through the standard adoption process, and approval of candidates and placement of animals is up to the Kisses Not Hisses Rescue. (Of course, we welcome your referrals).

YES _____ NO ___

I understand that although the Kisses Not Hisses Rescue takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which the KHNR has asked me to provide care. I indemnify and hold Kisses Not Hisses Rescue free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, my own animals or any third parties by reason of activities arising out of this agreement. I release Kisses Not Hisses Rescue from responsibility for any diseases that may be contracted by my resident animal(s) from the foster animal. YES _____ NO _____

ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFYING ANSWERS ON THE APPLICATION, OR AT ANY OTHER TIME DURING THE FOSTERING PROCESS, DISQUALIFIES ME FROM FOSTERING.

Signature of applicant: _____

Date: _____

Kisses Not Hisses Rescue Representative

Cat ID number _____ Kitten ID Number _____
Age _____ Sex _____ Name _____ Color _____

