

# It's All About the Cats Inc

## Foster Care Application

### How Can we reach you?

Name: \_\_\_\_\_

Address (include Apt #): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Are you employed? Where?: \_\_\_\_\_

If so, how many hours/day are you gone? \_\_\_\_\_

### Tell Us about your decision to foster:

Why are you considering fostering?

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Describe the type of foster pet (personality, energy-level, size, quantity) that you think would best fit your circumstances.

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Would you prefer to foster (circle all that apply):

Newborn/unweaned kittens

weaned kittens

older kittens/young

adults

adults only

declawed cats only

Injured/sick cats or kittens

Pregnant mothers

mother cat and kittens

cats that have disabilities

**If you are fostering unweaned kitten(s) are you able to feed replacement milk every 2-4 hours (around the clock)?** YES NO

**Preferred Sex?** Male female no preference

**Do you have a time limit you can commit to foster each cat? (2 weeks, 6 months, until adoption, etc)**

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**Are you currently fostering for another organization?** YES NO

**Number of cats/kittens you can foster at one time:** \_\_\_\_\_

**Are you prepared to have a foster cat for an extended period of time?** Yes No

**The foster cat(s) will need to be brought to different IAATC locations for rechecks, vaccinations, spay/neuter, and possible adoption viewing. Are you able to transport the cats to and from these appointments?** YES NO

**Explain:**

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### **Tell Us About Where You Live:**

**Do you:** OWN or RENT

**Apt Complex/ Mgr or Landlord's name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**If you move will the pets go with you?** YES NO

**If No, where will they go?** \_\_\_\_\_

**What is the pet policy concerning: Number of Pets:** \_\_\_\_\_

**Pet Deposit Amount:** \_\_\_\_\_ **Pet Deposit Paid?** YES NO

**Do you have an area to quarantine your foster cats for an initial period after acceptance?** YES NO

**Will they routinely remain isolated from or be mixed with your personal cats?**

**Where will your fosters sleep at night?** \_\_\_\_\_

**Where will they stay during the day when you are home?** \_\_\_\_\_

**Where will they stay during the day when you are away?** \_\_\_\_\_

**What are your plans for your foster cats if you need to go out of town?**

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### Tell Us About Your Family:

Are there children living in your home? YES NO

If Yes, what are their ages? \_\_\_\_\_

Does anyone in the family have animal related allergies? YES NO

If YES, what steps will you take? \_\_\_\_\_

Is everyone in your family in favor of fostering a cat? YES NO

If NO, how will you deal with this?

\_\_\_\_\_  
\_\_\_\_\_

If you have young children, have they lived with a cat? \_\_\_\_\_

### Tell Us About Your Current Pets:

Species Breed Name Age Sex How did you Acquire this pet? Neutered/Spayed?

Species	Breed	Name	Age	Sex	How did you Acquire this pet?	Neutered/Spayed?

Are your pets current on their vaccinations? \_\_\_\_\_

Have your Cats been tested for feline leukemia and feline aids (Felv/FIV)? YES NO

If yes, what were their results?

\_\_\_\_\_  
\_\_\_\_\_

Are the cats in your household? Indoor Only Outdoor Only Mixture of Both

If mixture of both, please explain: \_\_\_\_\_

Method of flea control: \_\_\_\_\_

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

**Planning Ahead:**

**How would you introduce foster animals to your family and current pets?**

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**How would you handle problem behavior (agression, destructive behavior, marking) on the part of the pet?**

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**Who Handles your Pets' medical needs?**

**Veterinarian:** \_\_\_\_\_

**Clinic Address and Phone #:** \_\_\_\_\_

**Are any of your pets currently under treatment/taking medications? Yes NO**

**If yes, please describe:** \_\_\_\_\_

**Has a pet died on your premises of distemper, leukemia, or unknown causes in the last 3 months? YES NO**

**If yes, please explain:** \_\_\_\_\_

**Have you volunteered for other organizations?**

Organization name                      Years                      Responsibilities

Organization name	Years	Responsibilities

## About you:

Have you ever fostered an animal from a shelter/rescue before? YES NO

Do you have any veterinary or health care training? YES NO

If so, please list details: \_\_\_\_\_

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Are you comfortable giving animals medication (not vaccinations)? YES NO

Are you willing to learn to give medications or vaccinations? YES NO

Do you have a vehicle available to you at all times to transport cats? YES No

Have you ever fed newborn kittens? Yes No (not required)

If yes, have you: Bottle fed syringe fed tube fed

Would you be willing to teach whichever of the above you marked to other foster parents? YES NO

Are you available to volunteer with our organization in other capacities as well?

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- *I understand an IAATC representative may visit my home for a home inspection before my foster application is approved.*
- *I also understand that IAATC is a partner with Orange County Animal Services and that they may conduct a home inspection at any time during the fostering period.*
- *I understand that if I am approved for fostering, I will also need to carefully read the "Foster Care Agreement," which is a separate document from this "Foster Care Application." The Foster Care Agreement represents the legal contract between a foster caregiver and Shelter. I understand that if I am approved to foster an animal, I must review the Foster Care Agreement before I can take my foster animal home. I further understand that I will be asked to agree to the terms of the Agreement and sign the Agreement before I can take my foster animal home.*
- **ALL Foster animals are the property of IAATCI until they are adopted.** *If you find a potential adopter for your foster animal(s), that potential adopter must meet with an approved IAATC volunteer to fill out the adoption application & complete the adoption process. Violation of this policy will result in the termination of your foster care services.*
- *IAATCI staff will discuss with you any specific needs that your foster animal(s) have & will show you how to administer that care. We will provide some supplies (when available) for the animal (bowls, KMR, crates, carriers) however some supplies may need to be purchased at your expense, such as litter, food.*

- ***This agreement may be terminated by either party at any time.*** Upon termination, all animals in your care must be returned to IAATCI.
- *I have read this Application in its entirety, and I agree that all statements contained in this document are made by me, and are truthful. I make this statement under penalty of perjury under the laws of the state of Florida.*

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**Print Name**

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**Signature**

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**Date**

Reviewed by: \_\_\_\_\_

Approved            Not Approved

Comments:

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Date: \_\_\_\_\_

Date Terminated: \_\_\_\_\_

Reason for Termination:

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