

COMPANION ANIMAL PLACEMENT (CAP) FOSTER APPLICATION

NOTE: You must be over 18 to submit an application

DATE _____

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Alternate Phone: _____

Email: _____

Spouse/Roommates Name(s): _____

HOUSEHOLD INFORMATION

Indicate how many of the following live in your household:

Adults (over 18): _____ Children (under 18): _____ What are their ages? _____

Are all members of the household in agreement about fostering a cat/dog? YES NO

Do you rent or own? Rent Own Do you anticipate moving anytime in the near future? YES NO

If you rent, please provide landlord's name and phone number so we may verify that you are allowed to have pets: _____

Do you know if your landlord/building charges 'pet rent/pet deposits' and if so, are you prepared to make that commitment: _____

Does anyone in your home have Allergies: _____ Smoke: _____

Please describe your home: Apartment, single family detached, duplex, etc.

Please note cats must remain indoors only. Under no circumstances must you allow the cat outside! All dogs must always be on a leash!

EXPERIENCE

Have you ever lived with/fostered a cat/dog before? YES NO

If yes, please describe your experience(s) and a brief history of what happened to the pet.

Do you currently have any pets at home? _____ If yes, indicate type of animal and how many: _____

Are your pets up to date on vaccines? _____ Have your pets been tested for Feline/Canine diseases such as FeLV, heartworm, etc.? _____ Which tests? _____

Results _____

Do you have experience socializing kittens? YES NO

Would you be willing to foster a mother cat & her kittens? YES NO

Are you willing/able to give medication to the foster if required? YES NO

Are you willing/able to bottle feed a kitten if required? YES NO

CARE OF THE CAT

Do all adults in the home work full time? _____ How many hours a day will foster be alone? _____

How many hours daily will you spend with the pet? _____

Where will your foster be kept when it is alone? _____

Where will your foster sleep? _____

REFERENCES

Please provide your veterinarian's name and phone number (if you have one). We will call the office as a reference. _____

Please also provide the name and number of a non-family member that we may contact. _____

ALMOST DONE!

Do you understand that only CAP, Inc. can place/re-home this foster pet? YES NO

Do you understand that the pet must be returned at CAP's request for any reason? YES NO

Do you understand that medical treatment must be authorized by CAP for this pet? YES NO

Are you able to provide transportation to Hoboken Animal Hospital on Washington Street if the foster requires medical attention? YES NO

What is the time frame of your foster commitment? ____ days ____ weeks ____ months ____ other

Is there anything additional you'd like us to know about your needs or circumstances? _____

I certify the above to be true to the best of my knowledge.

Signature

Date