



OPERATION HOOD FOSTER APPLICATION

P.O. BOX 2392, WOODBRIDGE, VA 22195

EMAIL: ACATSFRIENDINC@GMAIL.COM / PHONE: 540-842-6302

Date: _____ Name & Breed of Cat: _____

Thank you for your interest in our foster program. Please read the following information regarding our foster guidelines and procedures. Please complete the application and scan and email it to acatsfriendinc@gmail.com.

Qualifications for Feline Fostering:

This form and a consultation with an A Cat's Friend Inc. representative are designed to help you find the foster cat/kitten most compatible with your lifestyle. Completion of this application does not guarantee approval to foster a cat or kitten. Please complete the following questions completely to the best of your knowledge. *In order to ensure that your foster cats/kittens receive the care they need, we ask that you:*

- Have basic knowledge of feline care and behavior.
- Complete a Foster Care Application.
- Have an area where you can keep your foster cats/kittens isolated from your own companion animals.
- Have a flexible schedule to allow time for routine veterinary exams and vaccinations, as well as any emergencies that may occur.
- Be able to commit enough time to socialize your foster(s).
- Be at least 18 years of age or older & have a valid, legal identification.
- Own your own home or have the knowledge and consent of your landlord.

Please understand, we will not place a pet into a home if any of the following apply:

- The foster home currently has an un-neutered or spayed cat.
- The foster cat will be allowed outdoors for any length of time.

Once placed, A Cat's Friend Inc. reserves the right to:

- Check on the cat at any time to ensure its well-being.
- Remove the cat from the home if any conditions of the adoption contract have been violated or, if the environment is unsafe.

At any time you find that you can no longer foster the pet, you must return it to A Cat's Friend Inc. and NOT to any other individual or shelter.

Name(s): _____ Home #: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Email: _____ Secondary Email: _____

Employer: _____ City/State: _____ Occupation: _____

of Adults in Household: _____ # of Children: _____ Ages of Children: _____

Are all adults aware that you are fostering a pet? _____ Does anyone in the household have pet allergies? _____

Who will have primary responsibility for this pet? _____ Age: _____

Do you own or rent your home? _____ If renting, do you have permission to have a pet? _____

If applicable, landlord name: _____ Phone #: _____

Residence Type: SFH: _____ TH: _____ Apartment: _____ Condo: _____ Other: _____

of hours a day the cat/kitten be left alone: _____ Where will he/she be kept when alone? _____

If confined to a room, which room? _____ If crated, in which room? _____

Is this your first cat/kitten? _____ Is this your first pet? _____

Please list the animals you currently have:

Type	Breed	Sex	Age	Spayed/ Neutered?	Current on Vaccinations?	Kept where?

Have your cats been tested for Feline Leukemia? _____ Feline Immunodeficiency Virus (FIV)? _____

Are your cats declawed? _____ If yes, front paws only or all four? _____

Was the procedure done at your request? _____ If yes, why? _____

Sometimes cats/kittens will have an accident in their new home due to stress or because they can't find the litter box. How will you deal with this?

If you are no longer able to foster this pet, what will you do with it? _____

Are you willing to allow an A Cat's Friend Inc. representative visit where the cat/kitten will be living? _____

Are you able to transport your foster to/from vet appointments and adoption events? _____

If no, why not? _____

How did you hear about us? _____

I certify that the information above is true and understand that false information will result in nullification of any foster agreement.

Prospective Foster Signature: _____ Date: _____

A Cat's Friend Inc. Representative: _____ Date: _____