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| --- | --- | --- | --- |
| 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. You may be asked to sign a legal contract when fostering one of our cats.

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| Please understand, we will not place a pet into a home if any of the following apply:* The foster home currently has an un-altered pet.
* The foster cat will be allowed outdoors for any length of time.

Once placed, Tree of Life 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 Tree of Life and NOT to any other individual or shelter.

This form and a consultation with a Tree of Life 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 be considered as foster you must:* * Be 18 years of age or older & have a valid, legal identification.
* Own your own home or have the knowledge and consent of your landlord.
* Be willing and able to provide the proper training & medical treatment necessary for the cat/kitten.
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| Name(s): |  | Home #: |  | Cell #: |  |

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| Address: |  | City: |  | State: |  | Zip: |  |

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| Primary Email: |  | Secondary Email: |  |

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| Employer: |  | City/State: |  | Occupation: |  |

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

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

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

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

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| If applicable, landlord name: |  | Phone #: |  |

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

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

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

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

Please list the animals you currently have:

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| --- | --- | --- | --- | --- | --- | --- |
| Type | Breed | Sex | Age | Altered? | Current on Vaccinations? | Kept where? |
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| Have your cats been tested for Feline Leukemia? |  | Feline Immunodeficiency Virus (FIV)? |  |

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

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

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| What method of training/discipline will you use? |  |

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| How were your previous pets trained/disciplined? |  |

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| 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? |
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| How long do you think it takes to train a kitten/cat? |  |

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

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| Are you willing to allow a Tree of Life representative visit where the cat/kitten will be living?  |  |

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| 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:

Prospective Foster Signature: Date:

Interviewer Signature: Date: