

TOMPKINS COUNTY SPCA

1640 Hanshaw Road, Ithaca, New York 14850
607-257-1822 - www.spcaonline.com

FELINE FOSTER CARE APPLICATION

Date: _____

Name: _____

Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email: _____ Are you at least 18 years of age? _____

** The Feline Foster Program is not a means to temporarily own or try out a cat. It is an important and often life-saving alternative to shelter life for specifically selected cats. **

Cats selected for foster care fall into one of several categories. Please indicate which type(s) of cat you wish to foster.

- | | |
|--|---|
| - Mothers with nursing kittens | - Undersocialized feral kittens |
| - Bottle-fed kittens (very time-intensive) | - Special needs or recovering cats – might be injured, ill, or geriatric and in need of medications |
| - Weaned kittens (eating on their own) | |

Why are you interested in fostering a cat?

What cat experience do you have?

What animals do you currently have in your home?

Office Use Only:

DNA: _____ References: _____ Initial Screening: _____ Orientation: _____

Comments: _____

Are all of the animals in your home spayed or neutered? **YES** **NO**
Are all of the animals in your home up to date on their vaccinations? **YES** **NO**
Are you able to keep your foster cat in a separate area of your house from your own pets? **YES** **NO**
Have you ever fostered animals before? **YES** **NO**
Do you have children? If so, please list their ages. _____
We often use your current veterinarian as a reference. Please list the name and phone number below.

Do you own or rent your home? **OWN** **RENT**
If you rent, who is your landlord? _____ Phone: _____

Please read the following statements about the Feline Foster Program and initial next to them to indicate that you understand and agree to abide by them.

Your foster cat may not be litter-trained. You understand that he/she may have accidents in your home.

Like many cats, your foster cat may scratch on furniture, clothing, or other objects. You are comfortable working with this behavior. _____

You agree to keep your foster cat inside your home at all times. _____

Representatives of the Tompkins County SPCA may need to contact or visit you to discuss the cat. You understand that you may be asked to complete evaluation forms on the cat. You agree to be entirely honest and forthright regarding the cat's condition, be it positive or negative. _____

All medical treatment will be done at the Tompkins County SPCA by trained staff. _____

There is some risk to your own cats, especially if your foster cats are not kept separate. You understand that the Tompkins County SPCA is not responsible for your own pets' medical treatment. _____

The Tompkins County SPCA is the legal guardian of your foster cat. You understand that the SPCA has the final authority in regards to the cat's adoption, treatment, or disposition. _____

All foster parents must complete an orientation. When your application is approved, you will be contacted to schedule the orientation.

Please sign below to indicate that everything on this form is true and as complete as possible.

Signature: _____ Date: _____