



Community Animal Rescue Effort

**CAT & KITTEN
FOSTER CARE APPLICATION**

Please answer the following questions to help us understand your background as well as the type of foster home you can provide for our animals.

TELL US ABOUT YOU

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

1. Are you at least 21 years of age? Yes No If no, what is your birth date? _____
2. Are you able to transport the animal(s) if needed for adoption opportunities, medical care, training, etc? Yes No
 Drivers License Information: State: _____ License Number: _____

TELL US ABOUT YOUR HOME

3. Type of Housing: House Townhouse Apartment/Condo Other
 If you live in an apartment/condo, have you approved your foster status with the landlord or condo association?
 Yes No
4. Do your windows open? Yes No If yes, do your windows have screens? Yes No
5. How long have you lived at this address? _____
6. Please list all other individuals living in your home:

Name	Relationship	Age	Health Concerns/Issues (Allergies, Mobility, etc.). If any, please be specific

7. How would you describe the activity level in your home? _____
8. Which member of the household will be the primary caretaker of the foster animal(s)? _____
9. Are all household members in agreement with bringing a foster animal into the home? Yes No
10. What length of time can you foster an animal? _____
11. Would you be able to provide complete separation of C.A.R.E. foster animals from your own? Yes No
12. Are you prepared to deal with the clean up and/or potential damage caused by a foster animal? Yes No
13. Please check the type(s) of cat(s)/kitten(s) you would be interested in fostering:

- Newborn Litter of Kittens (Orphaned under 4 weeks, may require bottle feeding every few hours and weaning.)
- Mother & Litter of Kittens
- Kittens (7-12 weeks)
- Adult
- Multiple Adults (Bonded pairs, etc.)
- Declawed
- Hospice (Older animals with medical issues but still enjoy quality of life. May require medications, subcutaneous fluids or special diets.)
- Special Needs (Medical)
- Special Needs (Behavioral)
- Feral
- Injured (Temporary Medical – broken limb, etc)

14. Cats and kittens come to us with fleas, ear mites, ringworm, diarrhea, etc. Are you able to dispense oral and/or topical medication and provide basic medical treatment? Yes No
15. You will need to pay attention to signs of illness or worsening of symptoms and call C.A.R.E. if you are concerned. Are you able to monitor the health of the foster animals? Yes No
16. Can you get to a C.A.R.E. approved vet quickly in case of an emergency? Yes No

C.A.R.E. has designated local vets who provide veterinary services for the rescue. If the animal(s) you are fostering requires medical attention, you will need to get approval from the Foster Coordinator and transport the animal to the vet for care. In the case of an emergency where the animal's life is at risk, the animal should be taken immediately and the Foster Coordinator notified as soon as possible. If the emergency takes place after hours or during a holiday, the animal can be taken to Blue Pearl (Skokie) on Dempster.

17. What behavior problem(s) are you not willing to handle? (Please keep in mind that we can never be certain what type of behavior problems may exist until cats/kittens are placed in a home.) _____

18. How many hours will the foster cat(s)/kitten(s) be left by themselves during a typical day? _____

19. Where will your foster cat(s)/kitten(s) be kept during the day? _____

20. Where will your foster cat(s)/kitten(s) be kept at night? _____

21. Will you feel comfortable explaining to friends that these animals are not yours to adopt out and that they must go through the adoption process with C.A.R.E.? Yes No

If you are interested in helping to find homes for your foster cat(s)/kitten(s), refer your friends and family to the C.A.R.E. website www.care-evanston.org to complete an adoption application.

22. Foster care providers are required to submit weekly progress updates regarding their foster cats/kittens to the Foster Coordinator. Do you agree to comply with this requirement? Yes No

23. Briefly describe your past experience in caring for cats. _____

24. Why would you like to become a foster care provider for C.A.R.E.? _____

25. Have you fostered cat(s)/kitten(s) for other organizations? Yes No

If yes, which ones? _____

26. Do you agree to never give a foster cat(s)/kitten(s) any medication (prescriptive or herbal) without first consulting with a C.A.R.E. veterinarian or authorized C.A.R.E. personnel? Yes No

Do not offer aspirin, Tylenol or ibuprofen. These drugs and their derivatives are toxic to felines.

27. Do you understand that all cat(s)/kitten(s) are placed in your home on a temporary basis and when the foster requirements have been met (i.e. the animal is healthy or the goal age/weight has been achieved), the animal will be available for adoption and returned to C.A.R.E.? Yes No

28. Do you understand that all cat(s)/kitten(s) placed into foster homes belong to C.A.R.E. and must be returned immediately upon request? Yes No

29. Do you agree to keep all foster cat(s)/kitten(s) inside your home? Yes No

30. Do you agree to notify C.A.R.E. if your foster cat(s)/kitten(s) exhibit any signs of aggression, health problems, or escapes from your home? Yes No

31. Do you agree to inform the foster coordinator of any changes in your address, phone, or foster status? Yes No

32. How did you hear about the C.A.R.E. foster program? _____

TELL US ABOUT YOUR PETS

33. Have you ever owned a pet? Yes No

Please provide information regarding your pet(s) past and present. If you've never owned pets, go to the next question.

Name	Species/Breed	Age	Sex	Neutered/ Spayed?	Still Own?	Declawed?	Describe where kept

34. If you have pets now or had them in the past, who is/was your veterinarian? _____
Clinic or Animal Hospital _____ City/State _____

35. If you have cat(s)/kitten(s), have they been tested for Feline Leukemia (FeLV) and Feline Immunodeficiency Virus (FIV)?
 Yes No

What were the test results of:

FeLV Positive Negative

FIV Positive Negative

Please indicate the last vaccination dates for your animals: Distemper _____ Rabies _____

36. May we call your vet to confirm your pet's medical history, vaccination status and spay/neuter? Yes No

37. Please note any additional information we should know about your resident pets. _____

38. What would you do if your foster cat(s)/kitten(s) develops a problem with:

Biting/Aggressive Behavior _____

Scratching _____

Inappropriate Elimination (not using litter box) _____

Excessive Meowing _____

39. Are you willing to meet with a potential adopter either at your home or theirs? Yes No

40. Do you feel emotionally capable of letting go of animals? Yes No

ACKNOWLEDGEMENT

I hereby acknowledge that all the information provided above is correct to the best of my knowledge. I also understand and accept full responsibility for the health risks to my own animals and all who reside in my home.

As a volunteer/participant of the Community Animal Rescue Effort (C.A.R.E.™) (or as an adult parent of a volunteer/participant of C.A.R.E. under 18 years of age who is representing that minor's interests), I recognize and acknowledge that there are physical and other risks associated with acting as a volunteer/participant of C.A.R.E., which could include (but are not limited to) exposure to, contact with or injury from live animals such as cats and dogs. Some specific risks can include bites, scratches, torn skin, bruises, and damaged clothing or other property. I voluntarily agree to assume any and all risks that I sustain or may sustain as a result of volunteering/participating in any activities connected or associated with C.A.R.E., and hereby voluntarily waive any and all claims, damages or causes of action that I may have at any time against C.A.R.E. or its respective officers, directors, and invitees in connection with my volunteering and participating with C.A.R.E.

Foster provider agrees to indemnify and hold harmless Community Animal Rescue Effort (C.A.R.E.™) from any direct or consequential damages caused by foster animals in their care. This includes any and all manner of actions and causes of actions, suits, debts, dues, accounts, bonds, covenants, agreements, judgments, claims, and demands whatsoever arising out of or relating to the adoption, placement, and/or possession of the animal.

C.A.R.E. reserves the right to make home visits to check on the wellbeing of the animal we have placed in your care.

All basic medical and supply expenses will be the financial responsibility of C.A.R.E. Basic medical includes: Spay/Neuter, Age Appropriate Vaccinations, Heartworm Test, FeLV/FIV Test, Microchip, Prescribed Medications. Basic supplies include: Cat Carrier, Food, Toys, Cat Litter, Litter Box, Bowls will be provided if necessary

C.A.R.E. covers the medical expenses for all foster animals. However, our vet care costs are only discounted through particular vets and therefore they are the only clinic we currently use for routine care. With the obvious exception of a life threatening medical emergency, if you should decide to take your foster animal to a different vet for convenience or any other reason, C.A.R.E. will not cover the cost of the visit. Thank you for your understanding.

Legal ownership of all C.A.R.E. foster animals remains with C.A.R.E. until such time as a proper adoption is completed. No foster animal may be adopted, transferred, or relinquished without the approval by authorized staff of C.A.R.E. Only authorized C.A.R.E. adoption counselors will conduct adoption interviews and process adoptions. Foster care providers will work cooperatively with C.A.R.E. to find the foster animal a permanent home as quickly as possible. If the foster provider decides that he/she would like to adopt the foster animal, the foster provider understands and accepts that the procedure for adoption will be the same for him/her as it would be for any other applicant, and the foster provider will be asked to sign the same contract and pay the required adoption fee.

In addition, I understand that declawing is an inhumane and unnecessary surgery. By fostering for C.A.R.E. and by signing this document, I agree not to have any cat(s) or kitten(s) declawed. Please contact the C.A.R.E. Foster Coordinator for support with training issues and to ask for assistance with nail trimming.

The foster care provider will immediately notify C.A.R.E. of any problems or difficulties resulting from taking care of the foster animal.

My signature indicates that I have read, understand and agree to abide by these terms.

Foster Applicant Signature

Date

Please return completed applications to: Community Animal Rescue Effort (C.A.R.E.)
Attn: Marsha Niazmand, Foster Coordinator
P.O. Box 1964
Evanston, Illinois 60204
Email: marshaniazmand@yahoo.com

On behalf of our animals, Community Animal Rescue Effort sincerely appreciates your interest in our Foster Program.

C.A.R.E. FOSTER COORDINATOR USE ONLY – DO NOT WRITE IN THIS SPACE

Review Date	Comments
Interview Date	Comments
Home Check Date	Comments
<input type="radio"/> Approved <input type="radio"/> Denied	Comments

Foster Home License Application Date

Foster Home Coordinator



Community Animal Rescue Effort

Matching Pets With People Since 1987

C.A.R.E.™, P.O. Box 1964, Evanston, Illinois 60204 voicemail 847-705-2653 web www.care-evanston.org