

Town Cats of Morgan Hill

Foster Care Profile

Name(s): _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

E-Mail: _____

Emergency Contact: _____

Number of People in the Home: _____ Any Children? _____ If yes, ages: _____

Home _____ Apt _____ Condo _____ Mobile Home _____ Own: _____ Rent _____ Pets Allowed? Y or N

Number of Pets at Home: _____ Other: _____

Are your pets inside or outside? _____

Primary Veterinary Clinic: _____

Are your pets current on shots? _____ Spayed/neutered? _____

What type of cat(s) do you have experience with?

- Hand-raising pre-weaned/bottle feeding kittens? Yes or No
- Mom Cat with nursing kittens? Yes or No
- Older Kittens/self-feeding? Yes or No
- Adult Cats? Yes or No
- Senior Cats? Yes or No
- Special Needs Cats? Yes or No

Have you fostered before? Yes _____ No _____

How many hours per day do you anticipate your foster(s) being left alone? _____

Do you have a separate room to keep your fosters in? _____

Where would you keep the foster(s)? _____

May our Foster Coordinator visit your home to help set up and then to monitor on an ongoing basis?

Yes _____ No _____

Are you willing to provide food, litter and other necessary supplies for the foster?

Yes _____ No _____

Can you take the foster to the veterinary appointments as needed? Yes _____ No _____

Do you feel comfortable giving pills, liquid and/or ointment medications if needed?

Yes _____ No _____

What is the length of time you can hold onto a foster? _____

Town Cats of Morgan Hill

FOSTER CARE AGREEMENT

The Town Cats Foster Parent Agreement will clarify the expectations of the program. This will improve the quality and success of our foster program, as well as the well-being of the felines in our care. By joining our network of foster homes, you are required to comply with the policies of the shelter and the expectations of the foster program.

Program Requirements

1. I understand that foster cases are the property of Town Cats and as a foster parent I have certain responsibilities as detailed below.
2. I have received the Foster Manual handout so I know who to contact with fostering questions.
3. I agree to get my Foster cat/kittens vaccinations and deworming done on schedule and/or as recommended.
4. I understand that I need to get pre-approval from a designated team member for veterinary visits. The vet visit must be to one of the veterinary clinics listed on the Veterinarian Contacts Approved list in the Foster Manual.
5. I further understand that I will not be reimbursed by the shelter for expenses incurred at a vet clinic not on the list or approved.
6. I understand that continued participation in the foster program depends on my cooperation with these expectations.

Cat Care Responsibilities

I understand that tending to the safety of foster cats/kittens includes:

1. Never letting a cat/kitten outdoors and preventing escape routes.
2. Never using clumping clay litter for kittens under 6 months of age.
3. Never allowing young children unsupervised access to kittens.
4. Never allowing an unrestrained dog near cats/kittens unless the dog is extremely reliable.
5. I agree to make every effort to answer any phone call or email sent to me by the Foster Coordinator, my case manager(s), or shelter staff within 24 hours.
6. I understand that there are no guarantees of the behavior, health or disposition of my foster.
7. All foster cats/kittens will be quarantined from foster parents' pet cats for at least 14 days and until all symptoms are resolved to avoid spread of illness. It is recommended that foster cats not mix with resident cats at any time to minimize risk. The shelter is not responsible for any illness or veterinary care required for foster parents' own cats.
7. In addition to providing a routine update about the status of my foster cat, I also agree to contact the Foster Coordinator on an "as needed" basis whenever I have a concern or there is a change, including:
 - a. Having picked up a new cat from the shelter.
 - a. Returning a cat to the shelter (please give team leader warning so this can be avoided when possible).
 - c. Extreme lethargy, loss of appetite, breathing difficulty, green nasal secretions, lack of weight gain in a kitten, mouth breathing, sudden behavior changes, etc.
 - d. Transfer to another foster home.
 - e. Death or escape of your foster cat/kitten.
 - f. Adoption of your foster cat/kitten.

Adoption Responsibilities

1. I understand that once a kitten is 2 lbs. and healthy, I am expected to assist the adoption process as directed by the Foster Coordinator, case manager(s) or team leaders.
2. I agree to contact EVERY potential adopter that is referred to me within 24 hours, even if it is to inform them that my cat/kitten is adopted and to refer them back to the shelter.
3. I understand that no cat/kitten is to be handed over to an adopter (or be kept as my own pet) until the official adoption paperwork is complete AND spay/neuter surgery is done.
4. I am aware that screening is done on all potential adopters and that they must meet certain criteria before adopting. For this reason, foster cats cannot be promised to family and friends unless they go through the usual shelter or foster team screening process.
5. I may not adopt out a cat or kitten on my own without prior screening and written approval from a Town Cats Supervisor.

Thank you for your willingness to join us in our efforts to protect the welfare of cats in our community! The purpose of our Foster Program is to enrich the quality of care for our shelter cats and to place them into loving, forever homes. This program also provides additional room at the shelter, allowing Town Cats to save even more lives.

I understand the above questions and give Town Cats permission to contact my veterinarian, and/or landlord to verify said statements. I understand misrepresentation or omission of facts called for is cause for application denial.

Print

Signature

Date

Note: Submission by email will serve as signature agreement