

Cat Foster Application



Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City, Postal Code

Phone: (H) _____ Phone: (C) _____

Emergency Contact Information: _____

Email _____
HSKWSP uses email as our primary means of communication. Please use your most frequently accessed email address

Are you employed? Yes ___ No ___

Can you provide two (2) references?

Your Home

Do you: Own ___ Rent ___

If you rent, does your landlord support your participation in the foster program?
Yes (landlord letter attached) ___ No ___

How many members of your household? ___ How many are children (under 18)? ___

Does everyone in your home support your participation in the foster program? Yes ___ No ___

Do you or any of your family members have any allergies to animals? Yes ___ No ___

If yes, please explain: _____

Do you or any of your family members have a fear of any animals? Yes ___ No ___

If yes, please explain: _____

Foster Information

Can you commit to being a foster parent for at least six months? Yes ___ No ___

Have you fostered before? Yes ___ No ___ For which organization? _____

If yes, what types of animals did you foster? _____

Do you have any conditions that may affect your foster work? Yes ___ No ___

If yes, please explain _____

Do you have access to a vehicle: Yes ___ No ___

If no, how do you intend to transport the animal to and from the Centre and/ or after hours veterinary clinics in case of a medical emergency? _____

Do you have pet cats currently?

How many? List ages, genders, and breed.

Are they up to date on vaccines, including bordatella?

Do your current pets have any medical concerns? (I.e. Cushing's Disease, cancer)

Have any of your cats ever been diagnosed with a serious contagious disease like Panleukopenia? If so, when?

Do you have any other pets aside from cats?

Who is your veterinarian?

Foster Animal Needs

Do you have an area where the foster animal(s) can be isolated from your own pets? _____

What are you interested in fostering? Check all that apply

1 Moms and kittens

2 Bottle Babies

3 Medical Cases

4 Behaviour Modifications

5 Seniors

How many hours a day would your foster be left alone?

What can you provide your foster cat in terms of caregiving and enrichment?

Please list any special concerns you may have:

Are you comfortable administering medication (with instruction from veterinary staff) Yes ___ No ___

By agreeing to be a cat foster volunteer, I agree to the following:

- I am 18 years of age or older
- I live within Region of Waterloo (exception is City of Cambridge).
- I will carefully read all documents and carefully follow all instructions that have been provided to me
- I will not take a foster cat unless all of my resident cats are fully vaccinated**, that none of my cats are immunocompromised, on prednisone/ steroids and does not have cancer, FIV/ FeLeuk or any other severe disease that compromises their health.
- I will not introduce my foster cat to any other cats, save my own
- I will not travel outside of the area with my foster cat, without discussing it with the Foster Coordinator first.
- I will not hand off my foster cat to a cat sitter without discussing it with the Foster Coordinator
- I will not hand off my foster cat to a potential adopter or let them take my foster cat on a trial basis, field trip, sleepover etc. before the completion of the adoption process and I see completed paperwork processed by an Adoption Counselor or the Foster Coordinator.
- I acknowledge that the decision as to whom adopts my foster cat rests with The Humane Society of Kitchener Waterloo and Stratford Perth

- I will immediately report any foster cat bites
- I understand that HSKWSP has their own vet staff and have arranged for after-hours emergency services and that I should not be taking my foster cat to any other veterinarian.
- I agree that a representative of HSKWSP may contact my veterinarian to confirm the information provided herein regarding my pets and I consent to my veterinarian's release of such information to HSKWSP

Pet's Health and Disposition

HSKWSP cannot guarantee the health or disposition of any foster animal. We do not have past records for these animals and there are some risks associated with taking in foster animals. Family pets must be current on all vaccines and foster pets will be kept isolated from family pets for a minimum of 7 (10-14 for cats) days for the protection of all animals. I agree to be fully responsible for the safety and well-being of the foster pet. I will provide a safe, loving, humane environment with adequate food, water and shelter at all times. I not declaw, crop ears or tail of a fostered pet. I will keep all ID tags given to me by HSKWSP on the foster pet at all times. I will notify HSKWSP of any signs of illness, behavioural issues or concern an inability to continue to foster, if the pet becomes lost and/ or if the pet bites someone.

Transfer of Animals

Foster pets cannot be transferred to the custody of another person, shelter, humane society, SPCA or other entity without the prior consent and permission of HSKWSP. I agree to not place this foster pet in another home without written agreement from HSKWSP, whether it be temporary or permanent.

Return of Animals

All of the pets in the HSKWSP foster program are the property of HSKWSP and must be returned within 24 hours of the request. I agree that I am fostering this pet for HSKWSP and that I do not have any right of ownership over my foster pet. I further agree that HSKWSP's right in and to my foster pet are superior to mine. I agree to provide the Foster Coordinator or her designate access to my home and property to check on my foster pet at any time while I am in possession of my foster pet.

Personal Injury and/ or Property Damage

I agree that accidental animal bites or other injuries to humans and/ or other animals do occur and agree to hold harmless and indemnify and protect HSKWSP from any claim or suit filed by someone as a result of such incident.

In addition, HSKWSP will not be held responsible if the foster pet should damage/ destroy property belonging to the Foster Caregiver, caregiver's household or if the foster pet should transfer any disease, internal/ external parasites to other animals/ people in the Foster Caregiver's household

I understand that if I am approved for fostering, this declaration represents a legal contract between HSKWSP and me. I understand that if I am approved to foster an animal, I must abide by this agreement and that this agreement applies to any and all animals that I foster with HSKWSP.

Accuracy of Information

I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to HSKWSP Foster Care Program.

Foster Volunteer (Print) _____

Foster Volunteer (Signature) _____

Date _____

The Humane Society of Kitchener Waterloo and Stratford Perth

250 Riverbend Dr Kitchener ON N2B 2E9

Phone 519-745-5615 ext. 250 fax 519-745-3224 or email stephanie.schamber@awasco.ca

**** Fully vaccinated – all recommended vaccinations per your veterinarian. FVRCP, Rabies, Bordatella**