

Purrr Foster Application

Thank you for applying to be a Purrr foster caregiver! Our organization is on a mission to better the lives of feline friends and we are excited that you are interested in being a part of this important cause! More information about Purrr can be found on the last page of this application.

1. How did you hear about Purrr? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Search Engine | <input type="checkbox"/> Referral (Please let us know who recommended us to you!): |
| <input type="checkbox"/> Petfinder | <input type="checkbox"/> Postcard or other marketing material |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other (Please specify): |

SECTION 1: POTENTIAL KITTY GUARDIAN INFORMATION

1. Applicant information:

Applicant 1:

First name:	Last Name:	Apt/Unit #:
Is this applicant over the age of 18? <input type="checkbox"/>		City: State:
Address Line 1:	Address Line 2:	Zip Code:
		Email:
Employer:		Hobbies:
Occupation:		Favorite Activities:
Length of time with Employer:		Goals for the next 5-7 Years:

Applicant 2:

First name:	Last Name:	Apt/Unit #:
Is this applicant over the age of 18? <input type="checkbox"/>		City: State:
<input type="checkbox"/> Check if address is same as applicant 1		Zip Code:
Address Line 1:	Address Line 2:	Email:
Employer:		Hobbies:
Occupation:		Favorite Activities:
Length of time with Employer:		Goals for the next 5-7 Years:

2. If co-applicants, what is your relationship to each other?

3. If co-applicants are partners, how long have you been together?

(Section 1 continued on next page)

4. What kind of home do you live in? House Apartment Condo Farm
 Mobile Home Townhouse

Approximate Square Footage:

5. Do you own or rent your home? Own Rent

If you rent, do you have permission from your landlord to foster?

Yes No N/A

Is a pet deposit/rent required? Yes No N/A

If pet deposit is required, is it paid? Yes No N/A

Please enter your landlord's contact information below:

Name: _____ Phone Number: _____ N/A

6. How far from the main road/highway is your home?

What is the volume of traffic near your home? Light Moderate Heavy

7. May a representative of Purrr schedule a visit to your home? Yes No

If 'Yes', what days/times are you and your family typically available?

8. How many people currently reside in your household?

9. Are there any children in the household? Yes No

If you answered 'Yes', to the above question, please list ages:

10. Do you or any close family members plan on having a baby in the near future?

Yes No

If so, would you discontinue your foster parentage? Yes No

What would you do if the child has allergies or if the foster(s) in your care do not get along with the child?

11. Do any family members or close friends have animal allergies? Yes No

If 'Yes', please explain:

SECTION 2: YOUR PET PARENT/FOSTER EXPERIENCE

1. Do you currently have any other pets in the household? Yes No
 If 'Yes', please tell us about your other furry family members!

NAME	SPECIES	BREED	AGE	Neutered /Spayed?	Up to date on Vaccinations?	Temperament	Flea/Tick treatment

2. If you currently have cats, have they been tested for Feline Leukemia & FIV?
 Yes No Results:

Are other cats in the household current on Feline Leukemia & FIV vaccinations?
 Yes No Due Date:

3. Do your current pets get along with other cats? Yes N Not Sure

If you think there may be a conflict, please describe how your will keep the foster cat separate from your family pet(s)

4. If you have a dog(s), are they permitted to run loose in the home? Yes N

5. Please provide your current veterinarian's information

Practice Name: Vet Name: Phone Number:

Please provide any past veterinarian's information and reason you switched vets.

Practice Name	Veterinarian's Name	Phone Number	Reason for switching

6. Have you had pets or fosters in the past? Yes No

If 'Yes', please list other organizations you have fostered for and their contact info.

(Section 2 continued on next page)

7. Describe any past pets you've cared for.

NAME	SPECIES	BREED	Neutered/Spayed?	Reason no longer in your care

8. Have you ever had an adoption or foster application rejected from a rescue/animal control facility? Yes No

If 'Yes', please explain:

9. Have you ever had any specific training in animal first aid or CPR? Yes No

If 'No', would you like information on local resources for this type of training to give your foster(s) the best chance in an emergency situation? Yes No

10. Have you ever administered medication or special care for a short or long-term medical condition for a pet before?
 Yes No

If 'Yes', what kind of medication do you have experience administering?
 (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Oral Pills | <input type="checkbox"/> Bandage change |
| <input type="checkbox"/> Oral Liquid | <input type="checkbox"/> Injections |
| <input type="checkbox"/> Topical Cream/Salve | <input type="checkbox"/> IV fluids |
| <input type="checkbox"/> Eye/Nose/Ear Drops | <input type="checkbox"/> Other |

SECTION 3: FOSTER CARE PLANS

1. Why do you want to foster?
2. Do all members of your household want a foster cat(s)?
3. Are you familiar with your local animal control laws? Yes No
4. Who will be responsible for the foster(s) care?
5. Will anyone be home during the day? Yes No
6. How many hours per day will your foster(s) be left unattended on average?
7. When no one is home, where will the foster(s) be kept?
8. If a disciplinary or behavior problem arises (marking, furniture destruction, biting, etc.), what steps will you take to work on it?
9. Do you have a disaster/hurricane plan for your pets/foster(s)? Yes No
If 'No', would you like help making a pet disaster/hurricane plan? Yes No
10. How will you introduce your foster(s) to your home and pets?

SECTION 4: LET'S FIND YOU THE PURRRFECT FOSTER(S)!

1. How long are you willing to foster a particular kitty?
 As long as needed Weeks: Months:
2. What kind of kitties are you interested in fostering? (Check all that apply)
- Newborn litter of kittens (orphaned, to bottle feed and wean)
 - Mother and kittens
 - Single Kitten (7-12 weeks)
 - Special Needs (Medical)
 - Special Needs (Behavioral)
 - Adult Male
 - Adult Female
 - Senior

If you selected 'Special Needs', do you have any experience with special needs pets?

Yes No

If 'Yes', please describe your experience.

If you selected newborn kittens, do you have any experience with newborns?

Yes No

If 'Yes', please describe your experience.

3. What is your household's vibe like? (Check all that apply)
- Spunky! We love to play!
 - Social, entertaining and having friends over is the norm.
 - Low-Key and calm. We love staying in to relax and watch movies etc.
 - Adventurous. We love to travel and get out to see the world.
 - Other:

4. Would you be willing to work with a kitty on litterbox issues if the need arises?

Yes No

Are you willing to transport your foster for any necessary medical care? (Note: Purrr will cover all necessary medical costs carried out at our chosen facility). Yes No

5. Are you willing to meet with a potential adopter at their home or yours?

Theirs Mine Either

PURRR FOSTER CARE AGREEMENT

I/we understand that all animals are **TEMPORARILY** fostered for Purrr and are the property of Purrr.

I/we agree to keep any foster animal under my/our control at all times while fostering, keeping cats inside at all times and carefully secured in a carrier while traveling.

If my foster(s) shows any sign of health or behavior problems, I understand that I need to contact Purrr immediately.

Any veterinary care must be approved by Purrr prior to treatment for reimbursement or payment to be applicable.

I will relinquish any foster animal to Purrr upon their request.

If I/we or my/our acquaintances should become interested in adopting a foster(s), I/we/they will go through formal adoption application procedures, which can be acquired through Purrr.

Purrr is not responsible for damage or injury to any person, animal, or possession caused by a foster animal(s).

By signing below, I/we have read and agree to all terms stated above.

I/we attest that the information provided on this form is true and accurate to the best of my/our knowledge. If my/our request for foster parentage is approved and later Purrr discovers the above information is not true or correct, Purrr reserves the right to remove the fostered animal(s) from my/our home. I agree to immediately surrender physical custody of the Purrr foster animal(s) should I be found negligent of the terms and conditions set forth in the foster home contract

Note: Submission by email will serve as signature agreement

Applicant 1 Printed Name: _____

Signature _____ Date _____

Applicant 2 Printed Name: _____

Signature _____ Date _____

Purrr Representative:

Please include a copy of valid identification from applicant

Printed Name: _____

Signature _____ Date _____