

# Fluffy's Friends, Inc. Foster Application

*You must be over 18 to foster. Thank you for helping us save more animals!*

## PLEASE PRINT CLEARLY

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (circle- Home/ Cell/ Work): \_\_\_\_\_

Phone (circle- Home/ Cell/ Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

## Why are you interested in fostering?

\_\_\_\_\_

## Would you be willing to foster?

Cat \_\_\_ Kittens \_\_\_ Nursing mother \_\_\_ Bottle feeding kittens \_\_\_

Special needs \_\_\_ Senior \_\_\_ Injured \_\_\_ Sick \_\_\_ Pregnant cat \_\_\_

Recovering from surgery \_\_\_ Abused, or Neglected \_\_\_ Other \_\_\_

Do you have any experience with the above choices? Yes \_\_\_ No \_\_\_

## If yes, what is your level of experience?

\_\_\_ No experience- but excited to learn!

\_\_\_ Some experience- have had a pet or two before.

\_\_\_ Lots of experience- my friends and family consider me an expert!

Are you able to give: Pills \_\_\_ Liquid Medications \_\_\_ Injections \_\_\_

Do you have a separate room or area to keep your foster cat(s) away from your animals if necessary? Yes \_\_\_ No \_\_\_

If an emergency arose with your foster cat, would you be able to take it to a vet?

Yes \_\_\_ No \_\_\_

Would you be able to take your foster cat for routine vet visits?

Yes \_\_\_ No \_\_\_

How long are you willing to keep a foster cat?

Short term (1 to 3 weeks) \_\_\_\_\_

Long term (1 to 3 months) \_\_\_\_\_

**How would you describe your household?**

\_\_\_ Very quiet- only a few residents and not too many guests.

\_\_\_ Average- not too quiet but not party animals.

\_\_\_ Very busy- lots of people are coming in and out!

**How many people live in your household?** \_\_\_Adults \_\_\_Children \_\_\_Seniors

**Tell us what a typical day is like in your household (work/school/activities/errands):**

\_\_\_\_\_

**What types of pets are currently living in your home?**

Number of dogs \_\_\_ Names and breeds \_\_\_\_\_

Number of cats \_\_\_\_\_ "Other" types of animals \_\_\_\_\_

**Are you aware of any restrictions (rules from landlord, condo association, etc) that would prevent you from fostering a pet? \*It is your responsibility to ensure you are allowed pets\***

I am not allowed cats \_\_\_ I can only have a limited number \_\_\_

I don't know \_\_\_ I can have any pet \_\_\_\_\_

**What qualities are you looking for in a foster cat? What characteristics do you want to avoid?**

Desired: \_\_\_\_\_

Avoid: \_\_\_\_\_

**How many hours in a day are you available to devote to your foster cat?** \_\_\_\_\_

All animals remain the property of Fluffy's Friends, Inc.

**Fluffy's Friends, Inc.**  
**Foster Care Volunteer Waiver**

I understand that if I am selected as a Foster Care Volunteer, I am devoting my time and services to Fluffy's Friends, Inc. on a purely voluntary basis and primarily for my own benefit. I will serve with no expectation of compensation for my services or reimbursement for any expenditure that I incur for the care and treatment of my foster animal(s). I understand that my Foster Care assignment may end at anytime without notice or cause and that the disposition of any animal(s) is at the sole discretion of Fluffy's Friends, Inc.

If, selected as a Foster Care Volunteer, I agree to abide by all of Fluffy's Friends, Inc.'s rules and regulations. This includes but is not limited to:

- Providing adequate food, water, shelter, exercise and kind treatment for the animal(s) at all times.
- Isolating the animal(s) upon receiving them into my care to minimize possibility of my own animal(s) becoming ill.
- A reasonable, continuing effort to monitor the animal(s) to assure proper health so that their possibility for adoption once returned to Fluffy's Friends, Inc. is maximized.
- If the Foster Animal becomes ill or is injured you agree notify Fluffy's Friends, Inc. immediately and upon authorization take the Foster Animal to Beard Navasota Veterinary Hospital for treatment.

I give to Fluffy's Friends, Inc. permission to investigate all pertinent information and references concerning my Foster Care Volunteer application. I hereby release said employers, companies, schools, or persons from all liability for any damage, both legal and otherwise for issuing information.

If selected as a Foster Care Volunteer, I agree to maintain the confidentiality of all proprietary or privileged information of Fluffy's Friends, Inc. to which exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, animal, or other person or involves overall Fluffy's Friends, Inc.'s business. I also acknowledge that failure to maintain confidentiality would be cause for dismissal from Fluffy's Friends, Inc.'s Volunteer Program.

I certify that all information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation, or omission of facts called for in this application may result in rejection of my application as a volunteer or dismissal from the Volunteer program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date