



# FOSTER CAREGIVER APPLICATION

This application is for:

Long Term Fostering

Short Term Fostering

Both

Full Name: \_\_\_\_\_

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

City/ State/ ZIP: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Time at current address: \_\_\_\_\_

Do you: Own your home? \_\_\_\_\_ or Rent your home? \_\_\_\_\_

*Please note: If you rent, you'll need your landlord's consent before becoming a foster or bringing a cat into your home. In addition, you will be responsible for any pet deposit or fees, if required by your landlord. HTP will not be responsible for damage to your home caused by a fostered cat.*

Does any other person live with you, either full or part-time? List name, age and relationship: \_\_\_\_\_

\_\_\_\_\_

Please list persons who have permission (or keys) to enter to your home in your absence, such as a housekeeper, handyman, relative, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List family members or friends who visit on a regular basis and if they like cats:

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Do you or anyone who lives with or visits you, have a history of violence or behavior that could pose an unsafe or disruptive environment for one of our cats? YES\_\_\_\_\_NO\_\_\_\_\_

If YES, please explain\_\_\_\_\_

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How many hours do you usually spend at home each day? \_\_\_\_\_

Do you or anyone in your household have allergies or respiratory problems?

YES\_\_\_\_\_ NO \_\_\_\_\_?

*If YES, you may need your physician's approval before bringing a cat into your home for any length of time.*

Do you have any physical or cognitive limitations that would interfere with the daily care of a cat, including but not limited to: regular litterbox cleaning, scheduled feedings, and being able to ensure a safe, indoor-only environment for a cat? YES\_\_\_\_\_ NO\_\_\_\_\_

If YES, please describe the limitation and any special assistance you think you may need to care for a cat:

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Will you be able to pick-up cat food and supplies on a regular basis? YES\_\_\_\_\_ NO\_\_\_\_\_

Will you be able to transport the foster cat to a veterinarian if needed? YES\_\_\_\_\_ NO\_\_\_\_\_

Have you ever had a cat or other pet *in the past*? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what kind? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What happened to each pet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you *currently* have any pets in your household? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe them:

Type	Size	Age	Gender	S/N?	Current	Vaccines?
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Have you ever been a foster caregiver for a shelter animal before? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, when and for which rescue group? \_\_\_\_\_

Please describe your experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What you would like to get out of the experience of becoming a foster?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how you feel about cats: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the name and phone number of two personal references:  
\_\_\_\_\_  
\_\_\_\_\_

Do you consent to a background check of your character? YES \_\_\_\_\_ NO \_\_\_\_\_  
Do you consent to a personal interview and home check? YES \_\_\_\_\_ NO \_\_\_\_\_

**AUTHORIZATION AND APPLICATION AGREEMENT**

I am applying to foster a cat for Hearts That Purr Feline Guardians (“HTP”) and certify the information herein is true and complete to the best of my knowledge. I authorize HTP and its agents to verify and evaluate any information provided herein or ascertained during my interview, home inspection, or other credible source to determine my suitability to act as a foster cat caregiver for their rescue organization. Should I be accepted into the program, I further understand this is NOT an adoption, nor will I receive any right of ownership, expressed or implied, of any cat, or property provided for its care by HTP. I understand and agree that if accepted into the HTP Foster Program, I must strictly adhere to the care instructions provided by HTP. I also understand that my role as a foster cat caregiver may be ended at any time by HTP, without notice or reason, and any cat placed in my care shall be safely and immediately returned to them upon their request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_