

FOSTER CARE RESPONSIBILITIES

When volunteers are available, Paws Patrol will foster orphaned kittens, nursing moms and their kittens, and tame stray cats until they can be adopted. If foster resources are not available, every effort will be made to place the kittens/cats with a local no-kill facility, such as The Animal League of Green Valley or Hermitage.

Every foster volunteer must complete a Foster Care Profile.

Each foster animal is owned by Paws Patrol and, therefore, Paws Patrol makes the final determination on the care for each animal, however, when the foster family feels that immediate care is needed, they should immediately contact Dr. Nicol at Valle Verde Veterinarians, or in an emergency, Animal Care Center. Paws Patrol will pay for all medical expenses.

In general, these are the responsibilities of each foster home.

- Provide quality food which is age-appropriate for each animal.
- Have water available at all times.
- Use only *non-clumping* litter for kittens.
- Keep all cats and kittens confined indoors.
- Integrate the foster animals into your household if you can do so safely.
- Continually socialize the animals.

Paws Patrol holds an adoption fair in Green Valley generally on the second Sunday of each month. When your fostered cat(s) are scheduled to be there, it furthers their chances of being adopted if you can be there to answer questions from prospective owners. When it is time for a foster animal to be adopted, the foster volunteer will work with a Paws Patrol designee to screen applicants and select the best home.

PAWS PATROL FOSTER CARE APPLICATION

I AM INTERESTED IN PROVIDING FOSTER CARE FOR (please check all that apply):

CATS: ___ Individual kittens ___ Small litter ___ Large litter ___ Mother with litter ___ Adult cat

1. PERSONAL DATA (PRINT)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Email _____

2. HOUSEHOLD INFORMATION

Living accommodations: ___ Rent ___ Own Home ___ Other

Landlord/Apt. Mgr.'s Name/Phone: _____

If applicable, does your lease allow pets? ___ Yes ___ No

Describe the area where your foster animal(s) will be kept: _____

Are your windows screened? _____ Yes _____ No

In addition to yourself, how many adults live in your home? _____

Do you live with _____ Parents? ___ Roommates?

How many children live in (or visit regularly) your home? _____

What are their ages? _____

Do you or any members of your household have any allergies to pets? ___ Yes ___ No If yes, whom? _____

How will you cope with allergies? _____

Your Occupation _____

Employer _____

Work Phone _____

Cell Phone _____

3. ANIMAL CARE INFORMATION

Do you have pets of your own at this time? ___ Yes ___ No

Please list the pets you currently own (use back if needed):

<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Spayed/neutered?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name/address of present vet: _____

Have you had pets before? _____ Yes _____ No

What experience have you had in caring for sick or orphaned animals? _____

4. SCHEDULING INFORMATION

How much time can you devote to foster care:

During the day? _____ In evenings? _____

Weekends? _____ Vacations/holidays? _____

Who will care for your foster animals when you aren't home? _____

Fostering infant animals, litters or animals recovering from illness or surgery requires a time commitment of 1-8 weeks or more. How many consecutive weeks are you prepared to care for fosters? _____

A representative of Paws Patrol may conduct a home visit as part of this profile process.

I certify that the above information is true. I understand that falsification of the above information or non-compliance with the state statutes pertaining to the welfare of animals will result in automatic termination of any foster relationship with Paws Patrol.

I agree to hold harmless and indemnify Paws Patrol from any injuries, health problems, or loss sustained by me, my owned animals, or other persons or animals, which may be caused by the animal(s) I am fostering.

I understand that Paws Patrol may reject this application for any reason and may terminate my status as a foster parent at anytime for any reason. I understand that I may terminate my status as a foster parent at anytime for any reason.

Signature: _____

Date: _____

For Internal Use Only:

Above Information has been reviewed by: _____
Paws Patrol

Date: _____