

# Foster Care Contract & Agreement

<b>Date:</b> _____	<b>VOLGISTICS:</b> _____
<b>Personal Information:</b>	
<b>Are you over 18?</b> _____	
Last Name _____	First Name _____
Co Applicant (Last & First) _____	
Street Address _____	City, State, Zip _____
Home Phone # _____	Cell / Other Phone # _____
Employer _____	Work Phone _____
Best time of day to reach you & where: _____	Email Address _____

## Facebook name (to add you to SOCKS Foster Page)

### Fostering Interests:

Check applicable boxes:

Orphaned Kittens, bottle feeders

☐

Socialization

☐

Kittens, with mother cat

☐

Adult Overflow

☐

Sick or Injured Cat

☐

Comments: \_\_\_\_\_

### Home Environment:

Do you live in a: (circle applicable)	House	Trailer	Apartment	Other _____	Do you: (circle one)	Rent	Own
How long have you lived at current address? _____	If renting, does your landlord allow pets /fostering? (yes / no) _____						
Landlord's Name _____	Phone # _____						
How many adults in your household? _____	How many children & what ages? _____						

Does anyone in your household have cat allergies? If yes, explain \_\_\_\_\_

Where will the animals be kept? What isolation area do you have available? Describe \_\_\_\_\_

### Background Information:

Current Occupation _____	Do you travel frequently? _____
What hours are you/your family generally home? _____	
Are you able to transport animal to the vet, shelter, and/or adoption events when needed? _____	
Have you fostered before? If so, what organization, when, and what animal/s did you foster? _____	
Are you currently fostering at this time? If so, what organization and what animal/s are you fostering? _____	
If you are interested in bottle feeders, are you able to feed the kittens every 2, 4 or 6 hours depending on age and size? _____	
Why would you like to foster? _____	

**Current Pets:**

List your current pets (proof of vaccination of cats is required):

Name	Type (dog, cat, etc.)	Age	Time in your care	Indoor/Outdoor	Spayed/Neutered (yes / no)	Vacs up-to - date (yes / no)	Date of last vet visit

How often do you take your animals to the vet? \_\_\_\_\_

Who cares for your pets when you are away? \_\_\_\_\_

Veterinarian \_\_\_\_\_

Vet Phone # \_\_\_\_\_

**Past Pets:**

List your past pets:

Name	Type (dog, cat, etc.)	Age	Time in your care	Describe circumstances of why you no longer have pet (i.e. Cat passed of old age, kitten passed due to kidney failure, gave animal away to Animal Welfare due to financial reasons, etc.)

Have your cats ever been diagnosed with a communicable disease such as  
Panleukopenia, FIV, or Feline Leukemia? (if yes, explain) \_\_\_\_\_**References:**

Provide three personal references; name &amp; phone number (you may include your vet as one)

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

**Conditions/Consent:**

**ALL CATS AND KITTENS THROUGH THIS PROGRAM ARE UNDER THE CONTROL AND RESPONSIBILITY OF THE SOCKS ORGANIZATION. DECISIONS REGARDING PLACEMENT, TRANSFER, ADOPTION, OR MEDICAL TREATMENT SHALL BE MADE BY AND THROUGH SOCKS AUTHORIZED PERSONNEL ONLY. ANY CAT OR KITTEN MUST BE SURRENDERED TO SOCKS UPON REQUEST BY AUTHORIZED PERSONNEL.**

I understand all volunteers are on a "as needed" basis.

I hereby give consent to SOCKS to use and reproduce my name, voice, and/or likeness or that of my pet/s in any advertising, programming, and/or promotion of SOCKS in any media. I also agree to hold harmless SOCKS, its agents, employees, directors, and insurance carriers from any and all claims, damages, and judgments which I may have now or in the future against SOCKS in all matters to my service as a volunteer, including but not limited to, personal injury or illness.

In signing this statement, I further agree to abide by the policies and procedures of SOCKS during my time as a volunteer, and to serve at the discretion of SOCKS, conforming to all rules and regulations commonly applying to volunteers at SOCKS.

Foster Parent Name: (printed) \_\_\_\_\_

Signature: \_\_\_\_\_

SOCKS Representative: \_\_\_\_\_

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

March 2019