

# UNITED ANIMAL FRIENDS ON A RESCUE MISSION

P.O. Box 11133 Prescott, AZ 86304 • 928.778.2924 • www.unitedanimalfriends.org

## Foster Home Application and Agreement - Cats

### Applicant(s) Information

Please list adults in your household (If more than two adults please use space at bottom):

**Adult #1** \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth

**Adult #2** \_\_\_\_\_  
First Name Middle Name Last Name Date of Birth

Home address \_\_\_\_\_

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

Mailing address (if different) \_\_\_\_\_

Phones - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Number of adults in household \_\_\_\_\_ Ages of children in household \_\_\_\_\_

Describe the activity level of your household  Quiet  Moderately Active  Active  Very Active

Would you like to foster  Cat  Kitten  Mother with a litter

Have you fostered before?  Yes  No For whom? \_\_\_\_\_ When? \_\_\_\_\_

What animals? \_\_\_\_\_ May we contact? Phone \_\_\_\_\_

May we make unscheduled house checks with short notice?  Yes  No

Are you able to attend adoption events on a weekly basis?  Yes  No

Describe any dogs in your household, including breed, size, age and temperament: \_\_\_\_\_

Describe any cats in your household, including age and temperament: \_\_\_\_\_

Are cats indoor/outdoor or indoor only? \_\_\_\_\_

Are all dogs and/or cats spayed or neutered and up to date on vaccines?  Yes  No

Please list any other animals in the household (birds, horses, goats, etc.) \_\_\_\_\_

What animals have you had in the past? \_\_\_\_\_

**Residence Information**  House  Condo  Apartment  Mobile  Duplex

Own  Rent If renting, please give landlord's name \_\_\_\_\_ Phone# \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

Does your house have screen doors?  Yes  No Does your house have screened windows?  Yes  No

Describe the floor coverings in areas where cats will reside: \_\_\_\_\_

Describe any potential hazards in the house and how the cat will be protected from them: \_\_\_\_\_

\_\_\_\_\_

**Cat care and housing**

Are you able to provide foster cats with food? Yes No If yes, what brand of food: \_\_\_\_\_

Where will the cat stay during the day? \_\_\_\_\_ During the night? \_\_\_\_\_

How many hours will the cat be without human companionship during the day? \_\_\_\_\_ At night? \_\_\_\_\_

**Additional Comments and/or Information**

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

**Foster Agreement**

1. I understand that United Animal Friends (UAF) may not know the background of foster cats.
2. I understand that UAF recommends foster animal(s) be isolated from personal pets and children as a precaution until health and behavior is confirmed (14 days). All current pets in the foster home must be up to date on their vaccines. If this recommendation is not implemented, I will not hold UAF liable for any veterinary expenses for my personal animals either during the time I am fostering or at any time thereafter.
3. I agree to isolate any animals in my household who exhibit signs of or have been diagnosed with any transmittable disease.
4. I, nor any person or party acquainted with myself, will hold UAF’s representatives or affiliates responsible for any damages done to my property, any property, or myself whether or not in my care or residence, or any damages done to any person or persons or other animals that the animal(s) I am fostering may come in contact with while I am under contract to foster.

*I understand and agree to the above statements.*

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

\_\_\_\_\_

**This section to be completed by the UAF representative**

Condition of property and home \_\_\_\_\_

Temperament and behavior of animals in the household \_\_\_\_\_

Concerns or recommendations \_\_\_\_\_

Type of food \_\_\_\_\_

Access to water and shelter: \_\_\_\_\_

Volunteer’s name (please print): \_\_\_\_\_ Date \_\_\_\_\_

Volunteer’s Signature: \_\_\_\_\_