

# CAT FOSTER PARENT APPLICATION



In order to be considered to be a foster home for ECCHA pets, you must:

- Be 21 years of age
- Have the knowledge and consent of all adults living in your household
- Have verifiable identification
- Understand that the ECCHA has the right to deny your application
- Agree to a home visit BEFORE and DURING the time when you might foster a pet from ECCHA
- Attend a Volunteer Orientation and become a registered volunteer

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Time at this address \_\_\_\_\_

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

Previous Address (if less than five years at current address) \_\_\_\_\_

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

Best Time to Call \_\_\_\_\_ E-mail Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Time with current employer \_\_\_\_\_

Date of Birth \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Best Time to Call \_\_\_\_\_ Co-Applicant's E-mail Address \_\_\_\_\_

Co-Applicant's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Co-Applicant's Occupation \_\_\_\_\_ Time with current employer \_\_\_\_\_

Co-Applicant's Date of Birth \_\_\_\_\_

Are the people in your home experienced with cats?  Yes  No

Is everyone in the household agreeable to fostering cats?  Yes  No

List names and ages of other members of your household:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

You live in a:  House  Apartment  Dorm  Mobile Home - Which Park? \_\_\_\_\_

Mobile Home - I own the land

You:  Own  Rent  Live with your family

If you rent or live with your family do you have your landlord/family's permission to have cats? \_\_\_\_\_

Landlord/Park Manager/Home Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does your lease or home owner's association have any covenants or restrictions on cat ownership?  Yes  No

If "Yes", please explain: \_\_\_\_\_

What types of pets have you owned during the past 5 years? (Please list animals currently living with you also.)

Species	Name	Sex	Type/Breed	Kept Where (inside/outside/both)	Age	Neutered/ Spayed?	Still Own?

As an adult, have you ever had to give up a pet?  Yes  No

If "yes" what did you do with the pet? \_\_\_\_\_

Why did you have to give the pet up? \_\_\_\_\_

If you no longer have the pets listed above, please explain what happened to them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your pets up-to-date on all vaccinations?  Yes  No  I don't know  I don't have any pets

Which veterinarian do you use (or do you plan to use)? \_\_\_\_\_ Phone # \_\_\_\_\_

Whose name are the pets' vet records listed under? \_\_\_\_\_

Does any member of your family have allergies to cats?  Yes  No

If "yes", how severe is the allergy? \_\_\_\_\_

Who will be the primary caregiver? \_\_\_\_\_

Have you applied to adopt/foster or adopted/fostered from our shelter or other animal shelter before?  Yes  No

If from another shelter, which one? \_\_\_\_\_

Characteristics that best describe the primary care giver (check any that apply):

- |                                             |                                              |                                             |
|---------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Retired            | <input type="checkbox"/> Stay-at-home parent | <input type="checkbox"/> Employed part-time |
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> College student     | <input type="checkbox"/> Child/adolescent   |

Why do you want to foster an animal? \_\_\_\_\_

\_\_\_\_\_

Are all members in the family willing to help you foster?  Yes  No

Would you be willing to bring the animal in if a potential adopter wants to see him or her?  Yes  No

How flexible would you be (how much notice will you need)? \_\_\_\_\_

Would you be willing to let us do a home visit? \_\_\_\_\_

Approximately how many hours per day will your foster cats be alone (without human companionship)? \_\_\_\_\_

Please list the pet laws in the municipality where you live, that will apply to the foster cats:

\_\_\_\_\_

\_\_\_\_\_

If you need more information on pet laws in your area, please check here:



The undersigned applicant hereby grants the Eau Claire County Humane Association permission to confirm any information provided in this application with any appropriate third party source, including landlords, veterinarians, etc. The information obtained will be held in confidence and used only by the Eau Claire County Humane Association for purposes of this foster parent application.

I certify that all the information on this application is true and complete. I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected. I also understand that this foster parent application is the sole property of the Eau Claire County Humane Association.

It is specifically understood that the Eau Claire County Humane Association reserves the right to deny any foster parent application at its own discretion.

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

Driver's License Number \_\_\_\_\_

Would you like more information on:

- Becoming a member of ECCHA     Including ECCHA in your will     Volunteering

**FOR OFFICE USE ONLY**

Approved - Notes: \_\_\_\_\_ Counselor \_\_\_\_\_ Date \_\_\_\_\_

Denied - Reason: \_\_\_\_\_ Counselor \_\_\_\_\_ Date \_\_\_\_\_

Foster Pending - Reason: \_\_\_\_\_ Counselor \_\_\_\_\_ Date \_\_\_\_\_

\*Home Ownership Verification      **OKAY**      **DENIED**

\*Landlord Verification      **OKAY**      **DENIED**

\*Veterinarian Verification      **UP-TO-DATE**      **NO RECORD**      **OTHER**

\*Site Check      **OKAY**      **DENIED**      Date: \_\_\_\_\_

**Other Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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