

MEOW Foster Application

Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

How did you hear about MEOW? _____

1. Why would you like to foster? _____

2. Have you ever adopted an animal from a shelter? ___ Yes ___ No When? _____

If yes, which shelter? _____ ___ Cat ___ Dog ___ Other

3. Do you live in: ___ House ___ Apartment ___ Condo ___ Duplex ___ Mobile Home

4. Do you: ___ Own ___ Lease ___ Rent Are there any pet restrictions? _____

5. Property Owner/Manager _____ Phone _____

6. How long at this address? _____ Do you plan to move within 6 months? ___ No ___ Yes

7. Do you live with: ___ Spouse ___ Roommate(s) ___ Parents ___ Alone ___ Other

8. Please list all members of household:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

9. Are there children not listed above who visit frequently? ___ No ___ Yes Ages _____

10. List pets you have had - include current and former pets:

Type	Breed	Age	Sex	S/N	How long owned?	Indoor/Outdoor?	What happened to it?
------	-------	-----	-----	-----	-----------------	-----------------	----------------------

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

11. Are all pets current on vaccines? ___ No ___ Yes

12. How many hours (average day) will your foster(s) spend without a human? _____

13. Where will your foster be when you are home? _____

When left alone? _____ Where will it sleep at night? _____

14. Is this a separate area for fosters? ___ No ___ Yes

15. Have you ever fostered before? ___ If so for who? _____

16. Who do you feel comfortable fostering? Pregnant ___ Mother & kittens ___ Weaned kittens ___

Adult cats ___ Special needs cats/kittens ___ Puppies ___

I have read and signed the MEOW Foster Agreement

Signature

Date

MEOW Representative

Date

MEOW Foster Agreement

I understand that the animal(s) are temporarily in my care and belong exclusively to MEOW. I also understand that the purpose of this foster relationship is solely to provide care for the animal(s).

I understand that when ready for adoption, I will surrender the animal(s) to MEOW for placement. MEOW must formally approve any and all placements, and all are subject to the same guidelines as all other MEOW adoptions. This includes adoption by the foster provider and to friends/relatives/acquaintances of the foster provider.

I will:

- Provide safe, clean, warm, indoor housing for fostered animal(s).
- Not allow fostered animal(s) outdoors at any time.
- Provide high-quality food and litter (NON-clumping for kittens).
- Keep the fostered animal(s) separate from my own pets.
- Spend as much time as possible socializing and playing with the animal(s).
- Bring the animal(s) to MEOW for vaccinations, medical treatments, and spay/neuter appointments on scheduled dates.
- Closely monitor the condition of the fostered animal(s) and contact MEOW immediately when any problems are observed, or when I have any questions or concerns.

Additionally,

I understand that animal(s) in my care may develop health problems and that some diseases can be passed to other household pets, or to humans, and that MEOW cannot provide medical treatment for my own pets or family members. MEOW strongly advises that all household pets be current on vaccines and that humans have a current tetanus booster.

I understand that all medical treatment for fostered animal(s) MUST be pre-authorized by MEOW staff. MEOW is not responsible for any unauthorized medical treatment and/or costs incurred.

I understand that MEOW may request the return of fostered animal(s) at any time for any reason and I agree to cooperate with any such request.

I agree to hold harmless MEOW, its employees, volunteers, and Board of Directors from any and all liability arising out of or in consequence of injury or illness sustained as a result of any activity connected with volunteering for MEOW as a foster provider.

Name (printed): _____

Signature: _____ Date: _____

MEOW Representative: _____