



AlleyCATS Alliance

AlleyCATS Alliance Society Box 332, 113-437 Martin Street
Penticton, BC, V2A 5L1 250-462-8195

Foster Parent Application Form

Your Name:			
Building Address:			
Mailing Address:			
City/Town:		Province:	Postal Code:
Email Address:			
Phone Number:	H.	W.	C.
Living Arrangement: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Cohabitate <input type="checkbox"/> Roommate(s)			
Occupation:			
What age group are you in? <input type="checkbox"/> 19 - 30 <input type="checkbox"/> 31 - 50 <input type="checkbox"/> 51 & Over			
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Share Accommodation			
If renting/shared accommodation, are pets accepted by landlord and/or roommates? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are their ages:			
Do any family members have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Do you have a cat(s) _____, dog(s) _____ now?			
Do you have a separate room (spare bedroom, bathroom) where you could house your foster cat(s) if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever fostered cats or kittens before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever had a cat of your own before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who is your veterinarian?			

Will you be able to keep your foster cat(s)/kitten(s) strictly indoors as long as they are in your care? Yes No

How many hours are you away from home during the day?

What are your reasons for fostering?

Please select all types of foster situations with which you are interested/confident/comfortable and check your level of experience.

	Need lots of training	Have some experience	Have extensive experience
<input type="checkbox"/> Feral Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Moms with Kittens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bottle Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Special Needs Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regular Kittens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regular Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Max Number at once: _____

Two References: (Include phone numbers and relationship)

1.

2.

Can you help with other kinds of volunteering? Yes No

BY SIGNING BELOW, I DECLARE ALL ABOVE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

I hereby release indemnify, and hold harmless AlleyCATS Alliance from any and all liability claims, demands and causes of action of whatever kind and nature, including any injury caused by negligence incurred in conjunction with my participation as a volunteer/foster parent for AlleyCATS Alliance. In addition, AlleyCATS Alliance has my permission to use any photographs or videos taken for publicity purposes.

AlleyCATS Alliance makes all decisions regarding future placement and adoption of all animals.

SIGNED: _____ DATE: _____

PRINT NAME: _____

Please complete this form, sign and date it and return it below.