

FORGOTTEN ANIMAL SHELTER, INC.
PO Box 46
Medina, OH 44258
(330) 723-9918



**“Focusing on a common interest
and ultimate goal— -
To shelter the animals being
abandoned and destroyed
everyday.”**

FOSTER PARENT APPLICATION

Date: _____

Applicant Last Name: _____ Applicant First Name: _____

Applicant Cell Phone: _____ Applicant Work Phone: _____

Applicant Email Address: _____

Applicant Age (in years) (Must be 21 yrs or older): _____

Applicant Date of Birth: _____

Co-Applicant Last Name: _____ Co-Applicant First Name: _____

Co-Applicant Cell Phone: _____ Co-Applicant Work Phone: _____

Co-Applicant Email Address: _____

Co-Applicant Age (in years) (Must be 21 yrs or older): _____

Co-Applicant Date of Birth: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Have you ever been a foster parent for cats/kittens: Yes No

If yes, with what agencies/rescue organizations?:

Name: _____ Telephone #: _____ Contact Name: _____

Name: _____ Telephone #: _____ Contact Name: _____

Name: _____ Telephone #: _____ Contact Name: _____

Name: _____ Telephone #: _____ Contact Name: _____

Type of cats/kittens I/we can foster (check all that apply)?:

Litter of Orphaned Kittens Litter of Kittens and Mother

Sick/Injured Cats/Kitten Healthy Cats/Kittens

Maximum # of cats I (we) can foster?:

of Cats: _____

Aged: _____

I/We acknowledge that one litter of kittens can be, on an average, about six (6) kittens

Maximum # of litters I/we can foster?: _____ (no more than two litters will be permitted to be fostered by Forgotten Animal Shelter at one time)

Will you foster cat(s)/kitten(s) that are not declawed (unless declawed by a previous owner)?: Yes No

Have you ever taken care of/fostered a feral cat/kitten?: Yes No

How old was the feral cat/kitten when you started caring for him/her?: _____

Did you end up keeping the cat/kitten?: Yes No

How long was the feral cat/kitten in your care? _____

Please tell us about your experience and how you tamed the cat(s)/kitten(s): _____

Have you ever been a surrogate parent to and bottle-fed a kitten(s): Yes No

Have you ever given medication to a cat/kitten: Yes No

If no, will you be willing to learn how to medicate?: Yes No

Are you willing to transport to and from the veterinarian for appointments?: Yes No

Are you willing to transport to and from various events that are suitable for adoptions?: Yes No

Are you willing to stay at adoption events to talk to prospective adoptive parents about the cat(s)/kittens(s) you are fostering?: Yes No

Would you be able to pay for the following?:

Food (Forgotten Animal Shelter will advise as to the brand): Yes No

Litter (Forgotten Animal Shelter will advise as to the brand): Yes No

TELL US ABOUT YOUR HOUSEHOLD

Do you have children? Yes No

If YES:

Child One (1): Age: _____

Child Two (2): Age: _____

Child Three (3): Age: _____

Child Four (4): Age: _____

What is his/her/their experience with cats/kittens?: _____

Is anyone at your residence allergic to cats/kittens: Yes No

Do you Rent: Own:

If Rent:

Landlord Name: _____

Landlord Telephone: _____

Landlord Address: _____

Do you have a "quiet" room available to observe and quarantine a foster animal(s): Yes No

Describe the room your quarantined foster(s) will be living in: _____

Is someone home during the day?: Yes No

Is everyone in your family comfortable with fostering and willing to be a part of the caretaking and bonding process?:
Yes No

Have you had experience in taking care of an infant, senior, sick or injured animal?: Yes No

Please explain: _____

Have you had experience in taking care of an orphaned kitten(s)?: Yes No

Please explain: _____

Please tell us about any pets in your household:

Cat #1:

#1 Spayed/Neutered: Yes No

#1 Vaccinated: Yes No

#1 Age: ____ years and ____ months

Cat #2:

#2 Spayed/Neutered: Yes No

#2 Vaccinated: Yes No

#2 Age: ____ years and ____ months

Cat #3:

#3 Spayed/Neutered: Yes No

#3 Vaccinated: Yes No

#3 Age: ____ years and ____ months

Cat #4:

#4 Spayed/Neutered: Yes No

#4 Vaccinated: Yes No

#4 Age: ____ years and ____ months

Where do your family cats/kittens stay during the day?: _____

Dog #1:

#1 Spayed/Neutered: Yes No

#1 Vaccinated: Yes No

#1 Age: ____ years and ____ months

Dog #2:

#2 Spayed/Neutered: Yes No

#2 Vaccinated: Yes No

#2 Age: ____ years and ____ months

Dog #3:

#3 Spayed/Neutered: Yes No

#3 Vaccinated: Yes No

#3 Age: ____ years and ____ months

Dog #4:

#4 Spayed/Neutered: Yes No

#4 Vaccinated: Yes No

#4 Age: ____ years and ____ months

Where do your family dogs/puppies stay during the day?: _____

Name of your veterinarian (if currently not a pet owner, please list the information for your previous two (2) veterinarians:

Veterinarian #1: _____

Telephone #: _____

Veterinarian #2: _____

Telephone #: _____

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Please feel free to use this page to list questions, concerns or comments.
A representative from Forgotten Animal Shelter will review them with you.

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The following statements must be agreed to and signed below in order to be considered as a **Quarantine Foster** or **Regular Foster Home** for Forgotten Animal Shelter cats and/or kittens. Please check off which type of Foster Parent (Regular or Quarantine) you would prefer to be (or all):

- Quarantine (cats: 2 to 6 weeks duration)
- Quarantine (kittens with mothers: 10 weeks duration)
- Quarantine (kittens without mothers: 3 month duration)
- Regular (cats/kittens: until adopted based on Forgotten Animal Shelter adoption age rules)

1. I/We certify that I/we am/are at least 21 years of age.
2. I/We agree to allow a representative(s) from Forgotten Animal Shelter to visit my/our home to perform a home study inspection before and after foster care (Regular or Quarantine) begins.
3. I/We understand that there is no way to predict the temperament/behavior of any cats/kittens under my care for Forgotten Animal Shelter and I will not hold Forgotten Animal Shelter responsible for any injury or damage caused by any animal in my care for Forgotten Animal Shelter.
4. I/We understand that as a Forgotten Animal Shelter Quarantine foster parent for cat(s)/kitten(s) aged four (4) months or older, the two (2) week quarantine period begins from the day that the cat(s)/kitten(s) receive their FeLV/FIV test and DVRCP/FeLV/Rabies shots. If Forgotten Animal Shelter’s veterinarian recommends booster shots be given before the cat(s) are relinquished to the sanctuary, I/we understand that an additional four (4) week quarantine in my/our home will be required.
5. I/We understand that as a Forgotten Animal Shelter Quarantine foster parent for newborn kittens without a mother, I/we will provide all necessary care until the kitten(s) have been fully weaned from formula and received his/her/their DVRCP initial and booster shots and FeLV/FIV test. I/We understand the initial shots are administered at approximately 6 weeks of age. I/We understand the booster shots are administered at 10 weeks of age. I/We understand the FeLV/FIV test is administered at approximately 3 months of age.
6. I/We understand that as a Forgotten Animal Shelter Quarantine foster parent for newborn kittens with a mother, I/we will provide all necessary care until the kitten(s) have been fully weaned from the mother and receive his/her/their DVRCP initial and booster shots. I/We understand the initial shots are administered at approximately 6 weeks of age. I/We understand the booster shots are administered at 10 weeks of age. I/We understand that the mother may not receive any shots while nursing her kitten(s) but will be tested for FeLV/FIV. The mother will require being separated from her kitten(s) at approximately 6 weeks of age. On the date the kitten(s) are initially separated from the mother, the mother will be scheduled for her spay surgery and shots. I/We understand that we will follow the Forgotten Animal Shelter’s veterinary policy of withholding food and water as of 8:00 pm on the night prior to her spay surgery and will deliver the mother cat to the veterinarian. I/We understand that the veterinarian will administer the cat her DVRCP, FeLV and Rabies shots. I/We agree to continue the quarantine for an additional two (2) weeks and will then relinquish to Forgotten Animal Shelter’s sanctuary.
7. I/We understand that if, during any quarantine period, the cat(s)/kitten(s) develop any health problems, the quarantine period will be adjusted accordingly based on the treatment program recommended by Forgotten Animal Shelter’s veterinarian.

8. Regular Foster is defined as providing care until the cat/kitten is adopted or until relinquished to Forgotten Animal Shelter. I/We understand that as a Regular Foster parent, there is no way to predict or guarantee how long it will take to find a cat/kitten a permanent home. I understand that if I am a Regular Foster Parent, I may be required to foster the cat(s)/kittens(s) through the period of time of quarantine as well as during regular foster care until the adopted. If space becomes available at Forgotten Animal Shelter's Cat Sanctuary and, if the cat(s)/kitten(s) temperament/health justifies it, I/we will relinquish the cat(s)/kitten(s) in my care back to Forgotten Animal Shelter's cat sanctuary unless I agree to adopt the cat(s)/kittens(s) and complete the necessary adoption forms and pay the required adoption fees. Further, I agree that I will be asked to schedule appointments at my home to introduce my foster cat(s)/kitten(s) to prospective adopters.

9. Further, if I/we are no longer able to care for any or all cat(s)/kitten(s) in my/our care, I/we agree that I/we will make every attempt to provide Forgotten Animal Shelter thirty (30) days notice. If no animals are in my/our care and I/we no longer are able to participate in Forgotten Animal Shelter's Foster Program, I/we will give thirty (30) days notice.

10. Forgotten Animal Shelter Adoption policies will be in effect for all cats/kittens being fostered.

11. Forgotten Animal Shelter will provide supplies, food and litter unless the foster parent elects to. I/We understand that if I/we elect to bear the expense of food and litter, I/we will only use brands stated by Forgotten Animal Shelter.

12. I/we understand that I/we may be asked to transport my/our foster cat(s)/kitten(s) to and/or from the veterinary for regular tests, shots, surgery or other health-related reason; however, Forgotten Animal Shelter will be financially responsible for all veterinarian bills.

13. I/we agree to adhere to Forgotten Animal Shelter's established protocol for veterinary care as it pertains to tests, shots, surgeries and other medical issues.

14. If my/our application to become a Foster Parent is approved, I/we agree to complete a volunteer agreement form(s).

15. I/We agree to have a representative(s) from Forgotten Animal Shelter visit my home to perform a home study and this application will be approved/declined in part based on the results of the home study.

16. By signing this application, I/we grant Forgotten Animal Shelter permission to contact the following and this application will be approved/declined in part based on the results:

- a. Landlord (if applicable) to be contacted to verify permission for animals to reside in a rental property.
- b. Veterinarian to be contacted to obtain a reference.

17. By signing this application, I/we understand and agree that if this application is approved, this document will be my/our official contract to be a Foster Parent with Forgotten Animal Shelter and I/we will adhere to all rules stated above.

Applicant Signature

Date

Co-Applicant Signature

Date

Witness (printed name)

Witness Signature

Date

Home Study performed by _____ on _____ Approved Declined

Landlord contacted by _____ on _____ Approved Declined

Veterinarian contacted by _____ on _____ Approved Declined

Application for Foster Parent Approved Declined on _____ by _____

Applicant/Co-Applicant notified on _____ by _____