

The Purrfect Place 4683 Poplar Ridge Rd. Trinity, NC 27370

Foster Application

Foster Candidate	e Name			
Date				
Address				
City	State	Phone		
Occupation				
Any Pets?				
If so, how many	and what kinds?			
Any member of y	our household allergi	c to cats?		
Any member of y	our household allergi	c dogs?		
Where will the pe	et spend most of his/h	er time? (circle o	one)	
INDOORS	OUTDOORS	CRATE	GARAGE	
BASEMENT				
Where will the pe	et stay when you're or	n vacation?		
	?			
Phone/	/			

Do you rent:	own? Length of time at residence?
Are pet's allowed? YES	 S NO
Employer	Phone/
Position	How long?
Business phone number	er/
Are your pets up to date	e on their vaccinations? YES NO
Spayed or Neutered? Y	YES NO
On heartworm preventa	ative? YES NO
Veterinarian's name	Phone/
Fenced in yard?	
Interested in short-term	n or long-term fostering?
If short-term, how long?	?
If long- term how long?	·
Are you specific on the	type of cat you want to foster?
Does age matter?	Are you willing to take cats who are not litter
trained?	
	nome agree on fostering?

Any additional informatio			
References			
1			
2			
To Be Filled out by Orga	nization		
Home Visit Scheduled?		Home Visit Cor	mpleted on//
Approval for foster care i	made by		Date://
	The Purrfect	Place Foster Agreeme	<u>ent</u>
		eby agree to provide a to	emporary foster home for, ne Purrfect Place,
	·		e time limit for the foster
			of the animal. I understand riod, but that The Purrfect
Place will remain ov	wnership until the	animal is placed into its a	adoptive home.

I state that I agree to provide humane and loving care to the animal. This includes food, water, shelter, socialization, and enrichment. I have been provided with the contact information of the after-hours veterinary clinic to use during true emergencies. Customary and reasonable veterinary care will be the monetary responsibility of The Purrfect Place, unless I so wish to incur the expense. I will bring the foster animal to the designated veterinarian provided by The Purrfect Place.

The treatment of acute of life-threatening illness is at the discretion of The Purrfect Place president. This includes the nature, duration, location, and denial of the treatment.

		reserves the right to	remove foster	s a result of my foster animals from a foster dent of The Purrfect	•
•	I, esibility except for thos tter, toys, leashes, bla	se stated to be provid	led by The Pu	rrfect Place, such as,	
from fir	Please check below nancial responsibility.	•		elease The Purrfect P the foster.	lace
	food	leashes	he	artworm medicine	
	litter	blankets	fle	ea medicine	
	toys				
	List any other i	tems you will release	financial resp	onsibility from The	
	Purrfect Place:				
	President Signature	Foste te://_	r Signature	 Date://	