

Roy and Cher's Animal Rescue

CAT FOSTER APPLICATION FORM

*Incomplete applications will NOT be accepted

NAME:		
ADDRESS:		
CITY, PROV., P. CODE:		
E-MAIL:		
PHONE #:	AGE:	·
EMPLOYER:		
EMPLOYER ADDRESS:		
EMPLOYER PHONE #:		
REFERENCE #1		
NAME:		
ADDRESS:		
PHONE #:		
EMPLOYER:		
REFERENCE #2		
NAME:		
ADDRESS:		
PHONE #:		
EMPLOYER:		

Are :	you acquainted	with any m	embers of Roy a	nd Ch	er's Animal Rescue Team?
(plea	se circle one)	YES*	NO		
*If y	es, which meml	oer are you	acquainted with	?	
••••			•••••		
Trai	ning and Volu	nteer Histo	ory		
	Worked in a	veterinaria	n's clinic		
	Worked/vol	unteered at	a sanctuary or s	helte	r
	Volunteered	with a resc	ue group		
	Volunteered	as a foster			
	Is and Experie		No experience		Drognant gata/nuvoing littora
	Feral cat/kitt	en			Pregnant cats/nursing litters
	Under-socializ	zed & nervo	us animals		Bottle Feeding
	Shy Cats				Litter training / issues with the litter box
	Cats with anxi	ety			Animals that chew and scratch random objects
	Sick or ill cats				Medicating - injection
	Medicating – p	oills			Senior cats
	Trapping or co	olony work			Flea decontamination

General Information

How many of the following do you share y	our home with?
☐ Adult cats #	☐ Kittens #
☐ Adult dogs #	□ Puppies #
☐ Small animals #	□ Other #
please specify type(s)	please specify type(s)
□ Children	□ Roommates #
Please specify age(s)	Please specify age(s)
Where do your cats spend their time? Both indoors and out Where do your dogs spend their time?	Indoors only Outdoors Only N/A
Both indoors and out	Indoors only Outdoors Only N/A
Are your animal companions' vaccinations	s (basic & rabies) up to date?
Do your animal companions have any hea	Ith issues?
f so, please describe ailment and treatme	nt plan:

Do you agree to a home visit, to asses	ss the property's suitability for fostering?					
☐ No	Yes					
Do you rent your home?						
No, I own my home	Yes, I rent – animal companions are allowed					
Yes, I rent – animal companions are not allowed						
Are you moving in the next 6 months	?					
☐ No	Yes					
Are you able to make a one year com	mitment to fostering?					
☐ No	Yes					
Do you have access to a vehicle?						
☐ No	Yes					
Are you able to bring your foster cat((s) to vet appointments in St. Zotique, QC if need be?					
☐ No	Yes					
Are you able to bring your foster cat(s) to adoption days in Cornwall (usually Friday – Sunday)?					
☐ No	Yes					
Does anyone in the household suffer	from allergies (related to animal companions)?					
☐ No	Yes					
Are you available to foster an animal	immediately?					
□ No	Yes					
If no, please indicate when you will b	e able to foster:					

Isolation Space

Is there a space in your home that co	uld be used to temporarily isolate the foster animal? Yes
If so, is it carpeted?	Yes
Does it have a secure door?	Yes
Please describe the space:	
Commitment and availability	
How much time can you commit to sp	pending with your foster daily?
How would you socialize a nervous o	r shy cat?

What kinds of ac	tivities/care do you feel you would p	rovide daily to the foster animal?	
Signature:			
Date:			
Witness:	ov and Cher board member OR a general me	mber of Roy and Cher's Animal Rescue Team)	
		l companion. A Member of Roy and Cher's An venience concerning your application.	imal
For office use only			
	Approved / Declined by:	Approved / Declined by:	
Approved	Name	Name	
Dealined	Position	Position	
Declined	Date	Date	
	Signature	Signature	
Applications must be	approved by two (2) Board Members of Ro	by and Cher's Rescue Farm.	
	eclined by one (1) Board Member of Roy a		

We believe in patience and compassion (2016)