

## PLACE FOR CATS

P.O. Box 7384 FDR Station, New York, NY 10150

Land line (212) 751 2093 Mobile (917) 484 2870

Email: [placeforcatsinc@verizon.net](mailto:placeforcatsinc@verizon.net) or [lancastermia@verizon.net](mailto:lancastermia@verizon.net)

### Foster Agreement

Date \_\_\_\_\_



### CAT INFORMATION:

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Microchip # \_\_\_\_\_

Breed: \_\_\_\_\_ Description: \_\_\_\_\_

Vaccination History: Distemper 1 \_\_\_\_\_ Distemper 2 \_\_\_\_\_ Rabies \_\_\_\_\_

Kittens: Distemper 1 \_\_\_\_\_ Distemper 2 \_\_\_\_\_ Distemper 3 \_\_\_\_\_

FeLV/FIV Test: \_\_\_\_\_ Neg \_\_\_\_\_ Pos \_\_\_\_\_ Spayed/Neutered: Y/N \_\_\_\_\_ Date: \_\_\_\_\_

Deworm 1 \_\_\_\_\_ Deworm 2 \_\_\_\_\_ Other: \_\_\_\_\_

### FOSTER CONTACT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (PRINT CLEARLY): \_\_\_\_\_

Persons living with you: Name, age & relationship: \_\_\_\_\_

### PERSONAL REFERENCES (other than those who live with you):

A) \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

B) \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

### WORK AND HOME INFORMATION

1. Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Occupation: \_\_\_\_\_

2. Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Years Worked here \_\_\_\_\_
3. Work Hours \_\_\_\_\_
4. Are you 21 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Do you live in an apartment \_\_\_\_\_ or house \_\_\_\_\_? How long there? \_\_\_\_\_
6. Do you have the landlord's permission to have a pet? \_\_\_\_\_  
Name & Address of landlord: \_\_\_\_\_
7. Do you have another animal or animals at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how many? \_\_\_\_\_ What kind? \_\_\_\_\_  
How long have you had the animal? Animal #1 \_\_\_\_\_ Animal #2 \_\_\_\_\_  
Animal #3 \_\_\_\_\_  
Is the animal(s) spayed or neutered? #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_
8. Have you ever had a pet before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how long did you have that animal? \_\_\_\_\_  
Was that animal spayed or neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What happened to that animal? \_\_\_\_\_ 9.
- Have you fostered or adopted from a NY shelter or rescue organization before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which organization? \_\_\_\_\_  
If yes, where is that animal now? \_\_\_\_\_
10. Do you or any members of our family have allergies to animals? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Are there children in your home? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many? \_\_\_\_\_  
If yes, what are their ages? \_\_\_\_\_
12. Do you travel for business or vacation? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, who will provide for  
your animal(s) while you are away? \_\_\_\_\_
13. If you share a dwelling, are other members of the household in agreement concerning fostering  
an animal? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, who is in agreement? \_\_\_\_\_

14. What is your veterinarian's NAME, ADDRESS & TELEPHONE NUMBER?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

15. Do you have screens on your windows? \_\_\_ Yes \_\_\_ No A terrace or deck? \_\_\_ Yes \_\_\_ No

16. How did you hear about PLACE FOR CATS? \_\_\_\_\_

17. If a behavior problem arises, state your plan of action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Drivers' License (State & ID #) \_\_\_\_\_

**As a FOSTER parent, I AGREE TO: (Read and Initial each line)**

- \_\_\_ 1. Provide a temporary home with adequate food, shelter and water at all times.
- \_\_\_ 2. Provide a secure home with window screens to protect the animal(s) from falling.
- \_\_\_ 3. Allow a reasonable time for the animal(s) to adjust.
- \_\_\_ 4. Notify Mia Lancaster, director of Place For Cats, immediately if, *for any reason*, the animal(s) can no longer be kept in my home, at 917 484 2870 or 212 751 2093.
- \_\_\_ 4a. CONTINUE to properly shelter and care for the animal(s) until Place For Cats is able to relocate the animal(s), up to 30 days.
- \_\_\_ 5. Not hold Place For Cats or any of its volunteers or employers liable for any defects or illnesses the animal(s) may have or develop and all claims including but not limited to damage or injury to any persons, other animals or property which may be caused by the fostered cat(s) and/or kitten(s).
- \_\_\_ 6. Notify Place For Cats of any change of address and/or telephone number.
- \_\_\_ 7. Notify Place For Cats immediately if the animal becomes sick and/or not eating.  
*Place For Cats will provide proper medical care as needed, but only when we refer you to our veterinarian. Place For Cats will not reimburse you for taking an animal to your own vet without Place For Cats' prior approval.*
- \_\_\_ 8. Always treat the animal(s) with kindness and respect for his/her well being.
- \_\_\_ 9. NOT GIVE OR ADOPT OUT THE ANIMAL(S) TO ANY PARTY (including other rescue groups or NYC Animal Care & Control) without Place For Cats' prior approval.
- \_\_\_ 10. Make the animal(s) available to prospective permanent adopters, if any, at a



mutually convenient time upon appropriate notice.

- \_\_\_ 11. Keep clean and maintain supplies provided by Place For Cats which may include carrier, litterbox, scratching tree/post and/or other items.
- \_\_\_ 12. Abide by the food, feeding schedule and type of litter recommendations provided by Place For Cats and/or the organization's veterinarian.
- \_\_\_ 13. If I need to go out of town, Place For Cats will work with me to find someone to provide care for the animal(s) in my home and I must give TEN DAYS' NOTICE.
- \_\_\_ 14. If either party feels it is necessary to remove the animal(s) from my home, this will be accomplished as soon as *reasonably* possible.

\_\_\_\_\_ (Print)

Name

\_\_\_\_\_ (Sign)

Signature

\_\_\_\_\_

Date

