



Thank you for your interest in volunteering to foster at Bayonne Feral Cat Foundation. Please read before filling out a foster application:

We cannot make room for more cats unless we have a foster family. When applying to foster a cat/kitten you must be sure and committed before submitting this application. We do not have any place for the cat to go if you back out or change your mind. This should not be done on impulse, no matter how heartbreaking it may be. If you offer to foster, we expect you to commit to fostering the cat until the pet gets adopted or find a new foster family. Not every cat is ready for adoption; many cats are frightened and traumatized due to their experience. Some cats may require extra care, patience, or even socialization that could take more time than others. When volunteering to foster kittens, you must be ready to foster the entire litter.

Foster Information

Full Name		Date of Birth		
<input type="text"/>		<input type="text"/>		
Address		City	State	Postal Code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #	Cell Phone #	Work Phone #	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name(s) of other household adult(s) members				
<input type="text"/>				
<input type="checkbox"/> Children - Number of children and age		<input type="text"/>		
How long have you been at your current address?		<input type="text"/>		
Do you rent: <input type="checkbox"/> Rent <input type="checkbox"/> Own				
What type of home: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile home				
Does your home have window Screens? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you rent, please provide your landlord's name, email, and phone number:				
<input type="text"/>				
Is everyone in the household in agreement about fostering an animal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
Are you allowed to have animals where you live? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
Is anyone in your household allergic to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
If so, are the allergies manageable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
Have you ever been accused or convicted of a crime against animals (cruelty, abuse, neglect, etc.)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer

Address

What is your title

How long employed?

Foster and Pet History

Why would you like to volunteer to foster?

Have you ever fostered a pet? Yes No

Cat Dog Both

Other

Please list your experience working with cats:

List the organizations/shelters you have volunteer/foster:

Current household Pet(s) and number of pets:

Cat(s) Dog(s) Both Other

Name(s), Breed(s), time in your care, where do they eat and sleep, Neuter/Stayed Yes No

Past household Pet(s) and number of pets in the last 10 years, who are not living with you:

Cat(s) Dog(s) Both Other

Name(s), Breed(s), time in your care, where do they eat and sleep, Neuter/Stayed Yes No

Are your present companion pet(s) up to date on there vaccinations? Yes No

Have your present cat(s) been tested for Feline Leukemia and FIV? Yes No Don't know

Results: Positive Negative

Foster details

Available Start Date:

Please indicate the length of time you are willing to foster: Long Term Short Term Temporary

Do you have a room or area where you could isolate a new cat while they decompress? Yes No

Are you able to provide basic pet care requirements (food & water) at your own expense? Yes No

Are you willing to give the animal proper time to adjust to their new environment? Yes No

Will you notify BFCF if the cat becomes ill, is not eating, drinking? Yes No

Are you willing to take the cat to an approved BFCF veterinarian when needed? Yes No
BFCF will not reimburse you for taking an animal to your vet without prior permission

Will you always treat the animal with respect for his/her wellbeing? Yes No

Can you bring foster to adoption events to help facilitate adoptions? Yes No

Can you commit to fostering until the cat is placed in a permanent home? Yes No
This length of time varies, from days to months and in rare cases, longer

Preference: How many cats are you will to foster at a time
Age: Adult Single Kitten Kitten Litter Bottel fed Kitten(s) Bottel fed Kitten(s) and Mom Medical needs Behavioral issues Feral Semi-feral
Gender: Female Male No Preference

Name(s) of cat(s) /kitten(s) you wish to Foster

Second choice (if first is unavailable)

Declawing:

Have you ever had a cat declawed? Yes No

Do you wish to declaw your new cat? Yes No

Why or why not?

Pet Care

Will you let the cat(s) outdoors? Yes No

If yes: Attended Unattended With Collar & Tags

Do you have a backyard? Yes No

If yes, do you have a fenced-in yard? Yes No

Do you agree that your foster animal will be kept only as an inside cat? Yes No

Do you have temporary animals in your household from other rescue organizations? Yes No

If yes, name of organization(s) and contact information:

The number animals under your care:

Cat(s) Dog(s) Both Other

Time under your care, where do they eat and sleep, Neuter/Stayed Yes No

This does not include animals you have adopted from other organizations

How much time are you willing to allow the foster cat(s)/Kitten(s) to adjust to his/her foster home?

Have your current pets ever been around cats? Yes No

What will you do if your foster cat(s) does not get along with your present companion pet(s)?

Who will care for the cat(s) if you go away for a:

For a few days

On an extended vacation

On an Emergency

Reference

Current Veterinarian (if currently have a pet)

Address

Phone #

Email

List all veterinarians you have used in the last past 5 years:

Provide three references that can testify to your responsibility and ability to care for a pet(s) that are not related to you. (Please choose individuals that can easily be contacted)

Reference 1

Name

Relationship

Phone #

Email

Reference 2

Name

Relationship

Phone #

Email

Reference 3

Name

Relationship

Phone #

Email

How did you hear about BFCF? Social Media: FB IG Other

Please initial to agree:

I/we agree not to hold BFCF liable for any defects or illness per-existing or developed and all claims, including but not limited to damage, injury to any person, animal or property which may be caused by the fostered cat(s) or kitten(s)

I/we agree that if either party deems it necessary for the animal(s) to be removed from your home that will be granted immediately.

By signing this I/we acknowledge that all the information I provided in this form is accurate and true. I/we understand that any misrepresentation of information in this form will result in BFCF refusing foster privileges. I/we authorize BFCF to contact all veterinarians, reference and landlords listed in this application. I/we understand that BFCF reserves that right to remove the foster cat from my home if BFCF later discovers that the information provided is false. Return completed form to info@bayonne-feral-cat-foundation.org

Print

Signature

Date