

Clear Creek Cat Rescue (CCCR) Cat Foster Application/Contract

Contact Judy at 980-8898
Email: clearcreekkitties@gmail.com
www.clearcreekcatrescue.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ Cell: (____) _____ Other: (____) _____

Personal Email: _____

Best time to call you: _____ Occupation: _____
(optional)

What type of home do you live in? _____ (house, trailer, apartment, duplex, etc.)

Own ____ or Rent ____ If you rent, does your landlord allow pets and is pet deposit paid? Yes ____ or No ____

How many cats are you willing to foster at one time? _____ (Please make sure you know your city's legal limit)

Where do you plan to keep your foster cat or kitten? _____

Are you willing to foster a sick or special needs pet? Yes ____ or No ____

What age range are you willing to foster? _____

Are you willing to foster a cat or kitten than needs grooming (brushing, shaving, eyes)? Yes ____ or No ____

Is there anything in particular you cannot deal with when fostering a cat or kitten? Yes ____ or No ____

If yes, please describe: _____

Do you have space to separate or quarantine fosters, if need be (for upper respiratory, etc.)? Yes ____ or No ____

Approximately how many hours will your foster cat be alone each day? _____

Are there children living in the home (or visit often)? Yes ____ or No ____ Ages _____

Do you have other pets? Yes ____ or No ____ How many animals do you have? _____

If yes, please describe them below:

1) Name _____ Age _____ Sex _____ Neutered? Yes ____ or No ____

Species _____ Breed _____ Personality _____

2) Name _____ Age _____ Sex _____ Neutered? Yes _____ or No _____

Species _____ Breed _____ Personality _____

3) Name _____ Age _____ Sex _____ Neutered? Yes _____ or No _____

Species _____ Breed _____ Personality _____

Do you understand feline leukemia (FELV), FIV and FIP? Yes _____ or No _____

If you have cats, have they been tested for any of these? Yes _____ or No _____

Are your pets current on vaccines? Yes _____ or No _____

If you listed pets, are they indoor or outdoor? _____

Are you prepared for the (sometimes long) adjustment period that a rescued cat may need? Yes _____ or No _____

Do you breed or sell? _____ If so, average number of litters bred per year: _____

Have you worked (formally or informally) in animal rescue before? If so:

For which organization did you volunteer & where? _____ How long? _____

Do you currently work with them? If not, why not? _____

Have you ever fostered any animals before? _____ How long and for who? _____

Current Veterinarian (please give Dr. and clinic's name):

Name _____ Pet(s) seen there: _____

Street _____ Client for how long? _____

City/State/Zip _____ Phone (_____) _____

I agree to abide by the Policies set forth by Clear Creek Cat Rescue (CCCR) Board of Directors. I understand that any foster animal in my care may be removed from my home at any time with or without reason by or on the authority of CCCR's Board. I understand that CCCR foster animals do not belong to me or my family. I understand that should I want to adopt a CARE foster animal, it will be at the sole discretion of the Board. I understand that I will have a strong influence in who shall adopt any foster animal in my care, but the Board has the final word in the foster pet's adoption

I am aware there is no guarantee, warranty or full knowledge of any rescued pet's health and temperament. I volunteer to accept the rescued animal in my charge as a humanitarian act and agree to release and hold harmless Clear Creek Cat Rescue along with CCCR volunteers and Board members, from any and all liability or responsibility in connection with any pet(s) I agree to foster.

I hereby agree that any monies (adoption or general donations) that I collect or receive on behalf of CCCR will be turned over to CCCR's President or designated representative for

deposit into CCCR's bank account. Additionally, I hereby certify that I am in good standing with the local rescue groups and veterinarians. I agree to uphold a professional relationship with every contact I have through CCCR, including, but not limited to vet clinics, distributors, potential adopters, other volunteers of CCCR, and other rescues. Furthermore, I promise that I will not conduct myself in any manner which could reflect badly on CCCR or any of CCCR's volunteers. Last, I certify that I am at least 18 years of age.

Applicant's Signature Date

CCCR Rep Signature

Date

Thank you for your interest in fostering. Please return a signed copy of this application for our records. Thank you!

Clear Creek Cat Rescue (CCCR)