



# GEORGINA FERAL CAT COMMITTEE

## APPLICATION TO FOSTER

### PERSONAL INFORMATION:

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

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Best time/method to reach you: \_\_\_\_\_

### PERSONAL HISTORY:

1. What size/breed/age of cat do you prefer to foster? \_\_\_\_\_

2. Do you have children in the home? Yes: \_\_\_ No: \_\_\_ If yes, age(s): \_\_\_\_\_

Have they been taught to handle animals correctly? What type of supervision will your children have while with the pet?

\_\_\_\_\_

3. Do you have any pets (cats, dogs, other)? Yes: \_\_\_ No: \_\_\_

If yes, list names, ages, breeds: \_\_\_\_\_

If yes, do you know how to gradually introduce new pets to old? Yes: \_\_\_ No: \_\_\_ (if not, please discuss)

4. Have you and your family had cats previously? Yes: \_\_\_ No: \_\_\_

5. What best describes your living situation?

Own: \_\_\_ Rent: \_\_\_ / House: \_\_\_ Apartment: \_\_\_ Condo \_\_\_ / Live with parents: \_\_\_

If renting, does your landlord/property management company have a pet-friendly policy? Yes: \_\_\_ No: \_\_\_

6. Is everyone in the household in agreement with fostering? Yes: \_\_\_ No: \_\_\_

7. How many hours on average would the cat be left unattended? Per Weekday: \_\_\_ Per Weekend Day: \_\_\_

8. Will you keep the cat inside 100% of the time and be diligent that the cat does not escape? Yes: \_\_\_ No: \_\_\_

9. Have you or anyone in your family/household ever been charged or convicted of neglect or cruelty to animals? Yes: \_\_\_ No: \_\_\_

### **REFERENCES**

**VETERINARIAN:** (Please contact your vet to give them permission to speak with one of our volunteers)

Veterinarian Name and Phone Number: \_\_\_\_\_

Veterinarian Address: \_\_\_\_\_

**Personal References** (please contact them in advance so they know we'll be calling)

Name:	Relationship:	Address:	Phone:

**FOSTER POLICY** (Please read and initial each item to demonstrate agreement and understanding of our policies and procedures).

	I will follow GFCC's quarantine protocols and keep the cat separate from any other pets in the household for minimum of 10 days. This is required to minimize the risk of disease transmission.
	If the cat is on medication, I will continue the medication as directed.
	I will not let the cat outside.
	I will not transfer the cat to anyone else.
	If I need supplies (food, litter), I will contact GFCC as soon as possible in advance so that arrangements can be made to have the items provided. Contact information is located at the bottom of this application.
	I will not incur any expenses related to the cat's care, with the expectation to be reimbursed by GFCC, unless approved in advance (example: purchase food, supplies or provide veterinary care). If expenses are approved in advance, reimbursement is only provided with receipts. <b>Exception, if it is a medical emergency</b> , please take the cat to a veterinarian immediately. We recommend the 404 Veterinary Emergency & Referral Hospital located at 510 Harry Walker Parkway South (at Mulock) in Newmarket, 905-953-1933. Please also contact us as soon as possible afterwards.
	I understand that being approved to foster does not automatically mean approval to adopt. If I am interested in adopting the cat(s) in my care, I must go through the standard adoption process and pay the corresponding adoption fee. Approval of candidates and placement of animals is up to Georgina Feral Cat Committee.

**DECLARATION:** I receive the animal(s) at my own risk and can reject or return any animals to Georgina Feral Cat Committee. I indemnify and hold Georgina Feral Cat Committee free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement. I release Georgina Feral Cat Committee from responsibility for any diseases that may be contracted by my resident animal(s) from the foster animal.

By submitting this application, I affirm that what I have submitted is true and complete. I also understand and agree to the policy as outlined above.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU for opening your heart and home! We will contact you as soon as possible.**  
**Please be patient - we are volunteer run and have full time jobs and lives outside of rescue.**  
*If you have any questions about this Foster application, please contact Georgina Feral Cat Committee  
 by email at: [georginaferals@gmail.com](mailto:georginaferals@gmail.com) or by phone at: 289 231 7230  
 or Facebook messenger: [Facebook.com/GeorginaFeralCatCommittee](https://www.facebook.com/GeorginaFeralCatCommittee)*

# GEORGINA FERAL CAT COMMITTEE



**This page is for the foster applicant to keep so they are aware of what they've agreed to.**

**They do not need to initial and sign this page as GFCC has the original (previous page).**

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