

7894 Ocean Gateway P.O. Box 1143 Easton, MD 21601

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www.talbothumane.org adoptions@talbothumane.org

Cat Foster Application

Please review the following points before filling out the application:

- Filling out the application does not guarantee approval to foster.
- Please be sure to fill out the application completely. We make every effort to have the application completed within a 48-hour period.
 - We reserve the right to perform inquires into the following items, which may affect the outcome of our application:
 - 1) Criminal background; 2) Veterinary history; 3) Property assessment; and 4) Animal Control files.
 - Pending applications are only held on file for 30 days.
 - Approved applications are kept on file for 1 year and will need to be updated yearly.

Name of Applicant	Date of Birth						
Name of Co-Applicant		Date of Birth					
Name of other occupants over 18 yrs. of age			Date of Birth				
Name	Date of Birth						
Name		Date of Birth					
Number of Children	Ages						
Best Contact Number	E	mail Address					
Address		City		StateZip			
County	low many years a	t this address?					
If less than 2 years, please list previous addre	ess						
Do you: Rent Own Do you liv	ve in a: House	Townhouse	Apt/Condo	Other (Explain)			
Landlord Name	Landlord Phone Number						
Is your landlord aware that you would like to	foster?						
Tell us more about your fostering experience	(check all that ap	ply):					
If you have cats, they are accustomed to	You have fostered kittens.						
If you have dogs, they are accustomed to	You ha	You have fostered nursing mothers with kittens.					
You have a quarantine space for the cat(You have fostered bottle-fed kittens.						
You have fostered adult cats.		You ha	ve fostered special r	needs cats.			
Does anyone in your home have allergies to o	dogs or cats?						
Approximately how many hours a day will yo	u be away from h	ome each day?					
Who will be the primary caregiver for the fos	ter animal(s)?						

Tell us about <u>ALL</u> companion animals <u>that have lived in your household in the last 5 years:</u>

Name	Type of Animal (Cat, Dog, Rabbit, etc)	Breed	Age	Spayed/ Neutered	Veterinary Name (t	hat administered vaccines)	How long have you had this pet?
Are you prepared	d to quarantine you	ır foster animal(s)	away fro	om your cur	rent household pets	?	
Are you willing to	o "kitty proof" your	home, or at least	the spa	ces where th	ne animal will be per	mitted?	
If you have childr	en, do you plan to	allow them to par	ticipate	in the care	of the foster animal(5)?	
Where will you c	onfine the foster ca	at(s) when it is not	under y	our direct s	upervision?		
How long do you	expect to care for	a foster animal?					
We cannot guard	intee placement foi	r your foster anim	al, altho	ugh we will	exhaust all efforts. If	we determine that due to	illness or
temperament iss	ues the foster anim	al cannot stay in t	the adop	tion progra	m any longer, would	you like to be notified?	
If we cannot reac	h you within 48 ho	urs, a decision wil	l be mad	le without y	our input.		
	, I certify that the in					st of my knowledge. I give	permission
	Applicant's Signatur	e		Co-Applicant	's Signature	 Date	