**Foster Carer** APPLICATION

**Contact Information**

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| Name: | Are you over 18yrs? **Yes / No**  ***(ID to be submitted with application)*** |
| Phone: |
| Email: | |
| **Alternative Contact**  Name: Phone: | |
| Residential address where cat will reside: | |

**Type of Foster**

|  |  |  |  |
| --- | --- | --- | --- |
| I am willing and able to foster the following types of cats: **(*please tick all that apply)*** | | | |
|  | Bottle-fed Kittens (0 - 6 weeks) *(Previous experience required)* |  | Pregnant / Queen with Litter |
|  | Kittens (5 - 24weeks)  *(Fostered in pairs. Please advise if only able to foster one)* |  | Kit-Teens (24weeks -1year)  *(Fostered in pairs. Please advise if only able to foster one)* |
|  | Adults (1year+) |  | Seniors (8+years) |
|  | Cat Flu Carer  *(Highly contagious to other cats)* |  | Ringworm Carer  *(Can take over 2 weeks to recover)* |
|  | Isolation Carer - Kittens  (5 Weeks – 1 Year)  *(Complete a 2-week isolation, separate from other animals)* |  | Isolation Carer - Adults  (1+ Years)  *(Complete a 2-week isolation, separate from other animals)* |
|  | Requiring temporary medical care (surgery, post-surgery care, medication etc.) |  | Ongoing illness/special needs/palliative |
| Are you committed to fostering for at least a minimum of 8 weeks? **Yes / No** | | | |
| How many foster cats are you willing to foster?  ***(maximum number of foster cats allowable in one home is four)*** | | | |

**Previous Experience**

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| Have you had previous experience with the type of cats you are willing to foster? **Yes /No**  If yes, please provide a short summary: |
| Have you fostered animals before? **Yes / No**  If yes, which Organisation?  Are you a current foster carer with them? **Yes / No** |

**Current Situation**

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| Do you currently have any pets at the above address? **Yes / No**  Are they kept inside, outside or both?  **Inside / Outside / Both**  Are your own pets allowed in the house? **Yes / No**  Are you able to keep the foster(s) separate to your own animals?  **Yes / No**  Are your pets currently vaccinated? **Yes / No**  Are your pets currently up to date with worming? **Yes / No**  Are your pets desexed?  **Yes / No**  Do your pets have any medical conditions? **Yes / No**  **If yes, please provide a short summary:**  Any additional information we need to know about your current pets? **Yes / No**  **If yes, please provide a short summary:** |
| Is anyone allergic to cats? **Yes / No**  Do children live in the household? **Yes / No** Ages: |
| Do you have permission to keep this animal in your home? **Yes / No**  Property Manager/Real Estate/Landlord: |
| When you go on holiday, who looks after your pets? |

I agree to always keep cat/s strictly indoors, in line with the shelter’s safety and welfare guidelines.

I confirm that I have read and understood the Foster Carer Guidelines and am aware of my responsibilities. I understand that support is available should I have any questions or require assistance.

I understand that if I do not comply with the Guidelines, A Safe Place for Meow Inc. reserves the right to reclaim custody of the cat(s) due to a breach of agreement.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Safe Place for Meow Inc. reserves the right to refuse any application without advising why the application was declined. **Send this form and a copy of ID to asafeplaceformeowinc@gmail.com**

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| --- | --- |
| **Office Use Only** | |
| Application Approved | Application Declined |
| Coordinator: | Date: |

**Foster Carer Guidelines**

### What we ask from you:

* Regular updates on the fosters with pictures and information so ASPFM can actively advertise those available for adoption. This can be done through the Foster Family Facebook page or with your coordinator directly.
* Responsive to communications from ASPFM
* Attend vet appointments where required, this can include desexing and vaccinations
* Administer worming treatment when notified by your coordinator or attend our shelter with the cat where the medication will be administered.
* Drop off and collect fosters to Adoption Days when requested by Coordinator
* Hold meet and greets with potential adopters

### Your Pets:

### To help keep everyone happy and healthy, we ask that any pets already in your home:

* Have their vaccinations up to date.
* Are desexed.
* Stay on regular worming treatments.

This helps protect your pets and our foster cats during their stay.

### Additional Information:

* To help keep all animals safe and healthy, foster carers are kindly asked not to foster for other rescue groups at the same time. This helps reduce the risk of cross-contamination.
* Foster carers may care for up to four foster cats or kittens at a time (not including their own cats or a queen with her litter). Please ensure you have any required permits from your local council, landlord, or real estate agent before fostering.
* We do our best to share any known behavioural information and assess cats before placing them in foster homes whenever possible. Sometimes, assessments aren’t possible, and in those cases, foster carers take on the responsibility with our full support. We ask that any incidents be reported using the Incident Report Form so we can provide the best care and assistance.
* Foster cats must remain at the nominated premises and cannot be transferred to another person or location without prior approval from ASPFM Inc.
* Notify the Foster Coordinator immediately if a foster cat goes missing.
* Foster carers should be prepared for the emotional impact should a foster cat need to be euthanised due to severe health or behavioural issues that cannot be resolved.