



FOSTER APPLICATION

Name:	Email:
Address:	
Phone number:	Preferred contact method:

Are you interested in fostering (check all that apply):

Pregnant/nursing mom cats

Orphaned kittens (4-7wks of age)

Bottle-feeding orphaned kittens (4wks and under)

Socializing feral/shy kittens

Do you have experience with:

Pregnant/nursing cats Yes No

Orphaned Kittens Yes No

Bottle Babies Yes No

Socializing feral/shy kittens Yes No

How many other cats are in your household?

Are they current on all of their vaccines?
 Yes No

Are they spay/neutered?
 Yes No

Are they negative on FiV/Feleuk test?
 Yes No

Are they indoor pets?
 Yes No

How many hours a day can you spend with the cat(s)?

How many hours a day are you away from home?

How many adults are in your household?

How many children are in your household?

Ages: _____

How many dogs are in your household?

Are they current on all of their vaccines?
 Yes No

Are they spay/neutered?
 Yes No

Where will the cat(s) be housed?
(We generally recommend an isolated space, such as a spare bedroom or bathroom.)

Please initial:

_____I understand that this animal belongs to the New Beginnings Animal Rescue and cannot be taken to any other shelter/rescue

_____I will notify NBAR if I can no longer care for this animal

_____I understand that there may be a wait before I can bring back an animal that I can no longer foster

_____I understand that I may have to foster this animal for several weeks or months

_____I understand that NBAR, depending on the animal I am fostering, may have limited background information about the animal I am fostering

_____I will not hold the NBAR responsible for any damages that may occur while I am fostering

_____I understand that I must be available for adoption appointments/events

_____I will not neglect or abuse any animal that I am fostering

_____I will not allow my foster cat to go outdoors

_____I will immediately notify NBAR if the animal shows any signs of illness or is injured

Are you willing to (please check all that apply):

_____Transport the cat(s) to our vet, (Blue Cross Animal Hospital, Royal Oak or Berkley Animal Clinic, Berkley), as needed?

_____Take pictures and have those readily available to our website coordinator?

_____Have an NBAR volunteer come to your home to take pictures of the cat/kitten(s)?

_____Write a description about each cat/kitten(s)?

_____Help raise the best group of kittens we've ever seen????

I agree that the information provided on this form is true and accurate.

Signature

Date