



## Harmony Vet Care Foster Application

Name (First, Last): \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Are you over 21? \_\_\_\_\_

### Experience and Interest: What are you interested in fostering? Check all that apply

- Bottle baby kittens
- Mom with kittens
- Weaned kittens
- Contagious medical conditions (ringworm, scabies, URI)
- Non-contagious medical conditions (fractures, congenital defects)
- Timid

Have you ever fostered animals before? \_\_\_\_\_

Do you have experience caring for bottle babies? \_\_\_\_\_

How many people are in your household? \_\_\_\_\_

Are animals allowed in your residence? \_\_\_\_\_

What pets do you currently have? \_\_\_\_\_

Are your pets up to date on vaccines? \_\_\_\_\_

Who is their primary veterinarian? \_\_\_\_\_

Do you own a car? \_\_\_\_\_

Are you able to get your foster cats to the clinic for booster vaccines, exams, and surgery? \_\_\_\_\_

Do you have room to isolate fosters from other animals in the house for 10-14 days? \_\_\_\_\_

Do you foresee any significant changes in your life in the next 6 months? \_\_\_\_\_

Please describe any limitations you may have: \_\_\_\_\_

Please list any additional areas of interest: \_\_\_\_\_

I certify that all of the above information is true and accurate regarding my abilities and situation as a foster parent.

I understand that kittens and cats remain the property of Harmony Vet Care, and may be reclaimed at any time.

I understand if I wish to adopt my foster cat/kitten, I must apply for adoption. But will be given the first opportunity to do so.

I understand all fosters must return to the clinic for scheduled vaccines, surgeries, and for any illness exam.

I understand that fosters may carry contagious illnesses and will need to be quarantined from my pets for 10-14 days.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_