

MAS Rescue, Inc

CAT FOSTER QUESTIONNAIRE

Date: _____

Thank you so much for considering fostering. Fostering saves lives. The more homes, the more animals we can save from shelters.

Please be honest with all your answers. MAS Rescue, Inc.: 'Maryland Animal Sanctuary & Rescue Inc.', understands that everyone is different and that there are certain circumstances that you can not help. We will always do what we think is best for the animal(s). Please remember to complete the application, blanks will delay the process.

How/Where did you hear about MAS Rescue? _____

Date you are ready/willing to foster _____

Do you have a particular preference as to breed, age, or gender-?

_____.

INFORMATION:

Name: _____ DOB: _____

Address: _____

City/State Zip: _____

Phone: _____ Cell: _____ Work phone: _____

Email: _____

What are your work hours and work days each week?

Employer: _____

Number of children and their ages (DOB for children 18 and over):

Other primary adult household member: Name: _____

Relationship to applicant: _____

DOB: _____

Cell phone: _____

Employer: _____

Work days/hours: _____

Please list all household members over the age of 18 by name:

: _____

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What type of cats are you interested in fostering? (check all that apply)

- Kitten(s) How many?
- Orphaned kittens that need to be bottle fed
- Kittens with a mother

If you are interested in fostering kittens, do you have a separate room where they can be isolated from other animals? Yes/No (circle one)

- Adult cat/cats that is:
- is shy or nervous needs to lose weight
- has health problems needs litter box retraining
- has separation anxiety has issues w/strangers
- is a senior needing significant care
- other: _____

Are there are any particular animals/issues you want to avoid?

What type of cat personality would do best in your home?

Living arrangements (house, apt., i.e.): _____ Do you own OR rent? _____
If you rent please include name of Landlord/Complex and phone number:

Please explain how you plan to exercise the animal.

Do you plan to keep the cat: INSIDE? OUTSIDE? BOTH?

-Where will this animal be kept during the day: Inside/Outside
-During the night: Inside/Outside

-When no one is home, where will you keep the animal?

-Where will the animal sleep?

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-Are you able to transport the animal? (For example, to the vet, if necessary or to an MAS foster home for a placement appointment? Yes/No (circle one)

Please provide a detailed description of a typical day with your new furry foster friend. (Include number of hours the animal will be left alone.)

Please list all animals that are currently in your home:

Name	Kind of animal	M/F	Age	Altered?	Vaccines current?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Current Vet's Name:

Vet's phone:

In whose name are the vet records listed?

Please list all of the animals you have had in the past 15 years

For all animals below, please indicate how long you had them/where they are now and if they are deceased, what year did they pass and how?

Name	Kind of animal	M/F	Age	Altered?	Vaccinated yearly?	Declawed?
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Past Vet's Name:

Vet's phone:

In whose name are the vet records listed?

Veterinary/Medical Release – I authorize the release of my animals' medical information and records from the veterinarian or animal hospital(s) listed above.

Signature

Date

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Are you financially able to provide food and litter while the animal is in your care?

Explain why I should feel comfortable with letting you foster for MAS Rescue.

What will you do with the animal, if you go away for vacation, family visits, etc.?

Tell us what you would do in these circumstances.

1. Animal urinates on floor:
2. Animal climbs your curtains:
3. Animal climbs/sleeps on your couch/bed:
4. Animal eats something poisonous:
5. Animal gets loose:
6. Animal claws your couch/furniture:

Remember: Most of the animals that we have for adoption have been rescued from difficult situations, sometimes found in horrible circumstances. How do you feel about this?

Often requiring several days (10-14days) to acclimate themselves to new surroundings and routine, can you allow an animal time to fit in to your lifestyle?

***Please be aware, if we ever believe your fostered animal is not receiving the required care, vaccinations, parasite preventatives, or is not altered in the requested period of time, we do reserve the right to ask that the animal be returned. INITIAL HERE_____

***The animal in your care remains an MAS animal, you are providing foster care. INITIAL HERE_____

Nearest living relative (not living w/you):
Address/City/State/Zip:
Phone:

Name of a personal reference (not relative):

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Phone # for your reference:

Known for how many years:

Please list additional Questions or Comments Here:

Please initial below that you have visited our website, read all of our policies and procedures. INITIALS:_____

Please initial below that you will update MAS Rescue within 48 hours of any addition to animals in your home, permanent or temporary. INITIALS:_____

Please initial below that you are willing to allow a home visit from MAS Rescue once you are given 48 hours notice. INITIALS:_____

Occasionally fosters request MAS assistance in rescuing an animal, should you want to make that request, you will need to ask for the form to complete for the rescue to be considered by the Board. A request is not a guarantee. INITIALS____

Please be sure you have signed our Waiver once approved as a foster.

Please sign below that all of your answers are true and accurate to the best of your knowledge.

Signature

Date

THANK YOU FROM THE BOTTOM OF OUR HEARTS!