



**No Kill Cat Shelter**  
 5349 W. Forest Home Ave. - MIL, WI - 53220

# FOSTER APPLICATION

Thank you for opening up your heart and home to our shelter's homeless cats. Please take a moment to fill out the following questionnaire and return it to the above address.

After reviewing the information provided, our Foster Coordinator or their designee will contact you to discuss our foster program in greater detail and answer any questions you may have.

Date/Time: \_\_\_\_\_

When are you available to start fostering? \_\_\_\_\_

How long are you available to foster (how many weeks/months)? \_\_\_\_\_

## Household Information

Name (First, Last): \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you: Rent \_\_\_\_ Own \_\_\_\_ Live w/parent \_\_\_\_ Is it a: House \_\_\_\_ Apt \_\_\_\_ Condo \_\_\_\_ Mobile \_\_\_\_

If renting, does your lease allow pets? **YES NO**

**If not property owner, Happy Endings has my permission to verify current pet policy**

Landlord's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

## List of others in your household:

Name (First, Last)	Age

Have you discussed fostering a cat with the other members of your household?	<b>Yes</b>	<b>No</b>
Does anyone in your household have pet-related allergies?	<b>Yes</b>	<b>No</b>



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## Current Pets

What animals do you **currently** own? (Please list below)

TYPE OF ANIMAL	NAME	AGE	SEX	SPAYED/NEUTERED	THIS PET IS KEPT	UP TO DATE ON SHOTS?	TESTED FOR FIV/FelV?
			M / F	Y / N	Inside, Outside, Both	Y / N	Y / N
			M / F	Y / N	Inside, Outside, Both	Y / N	Y / N
			M / F	Y / N	Inside, Outside, Both	Y / N	Y / N
			M / F	Y / N	Inside, Outside, Both	Y / N	Y / N

## CIRCLE any category that you are interested in fostering:

- Bottle Fed Kittens  
(Fed every 2-6 hours depending on age)
- Weaned Kittens  
(Eating on own)
- Pregnant Cat
- Mother and Kittens
- Kitten/Cat recovering from injury/surgery
- Shy cat/kittens
- Feral cat/kittens
- Elderly/ill cat requiring long-term care  
(Diabetes, Thyroid, IBD, etc.)
- Terminally ill cat that is currently content  
(Cancer, organ failure, etc.)
- FeLV Diagnosed Cat
- FIV Diagnosed Cat

**Briefly describe any relevant experience or knowledge you have with the animals you have chosen above:**

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Are you willing and have the ability to travel to veterinarians who work with Happy Endings should your foster(s) need medical care?	YES	NO
Sometimes animals do not adjust to their new environments well and undesirable behaviors may arise such as house soiling and intestinal distress. Are you prepared to spend several weeks, perhaps even months, helping your new foster pet adjust to a new environment?	YES	NO
We require that personal pets are kept separate from foster animals coming from the shelter for a period of ten (10) days to prevent the spread of potential illness. Are you able to provide a temporary separate space within your home for a foster care animal for this purpose?	YES	NO



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- 1) How many hours per day will the foster animal be left alone? \_\_\_\_\_
- 2) Where will your foster animal be kept (free roam of house, isolated in one room, cage, etc.?)  
 When left alone? \_\_\_\_\_  
 When you are home? \_\_\_\_\_
- 3) Who will be the primary caregiver of the foster animal? \_\_\_\_\_
- 4) Have you ever fostered for another animal organization before?    **YES**    **NO**  
 If yes, for which organization? \_\_\_\_\_

Please give us a brief summary explaining why you believe you would be a good foster care provider:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please let us know what situations and/or behaviors and characteristics you would find unacceptable in a foster pet, which would cause you to return a foster animal: \_\_\_\_\_  
 \_\_\_\_\_

## Veterinary Information

If you have taken your pets to multiple veterinarians, please put each one down.

Name of Veterinary Hospital	Phone Number	Name of pet(s) that have been to this vet	Name of owner that the pet(s) file is under

### How did you hear about us?

- Newspaper ad  
  Petfinder  
  Social Media  
  Website  
  Friend  
  Petco  
  Recent Adopter



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## Foster Agreement

- I am experienced in the basic care and handling of the type(s) of animal(s) I chose to foster.
- I will contact the veterinary care coordinator for permission before taking a foster animal to a veterinarian
- I will give any records of any medical treatments and care given to the foster animal to Happy Endings staff.
- All of my animals are up to date on vaccinations and are spayed/neutered.
- Happy Endings has the right to request the return of any foster animal(s) at any time.
- Foster animals will be assigned to foster homes at the discretion of Happy Endings.
- The Foster home will sign the Happy Endings Foster Contract before taking any foster animal from the shelter.
- I understand that there are certain risks inherent in handling animals and I accept these risks. I release Happy Endings from any claims, demands or liabilities arising out of or related to this disclosure.

**I certify that the above information is correct and I understand that false information may void the application.**

\_\_\_\_\_  
Signature of Foster Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Happy Endings Representative

\_\_\_\_\_  
Date

**Staff Use Only**

Approved:    YES    NO            Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_