

# ANIMAL PROTECTION ASSOCIATION

A No-Kill Cat Shelter

P.O. Box 4276    702 E. 11<sup>th</sup> St.    Jeffersonville, IN 47131    812-283-6555

[www.apa-pets.org](http://www.apa-pets.org)



[AnimalProtectionAPA@gmail.com](mailto:AnimalProtectionAPA@gmail.com)

## APA FOSTER CAT APPLICATION

### FOSTER INFORMATION:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation:

\_\_\_\_\_  
How Long with this Employer?

\_\_\_\_\_  
No. of Adults in Household

\_\_\_\_\_  
No. of Children in Household (ages)

\_\_\_\_\_  
Do you rent or own your home?

\_\_\_\_\_  
If rent, do you have permission from your landlord to foster cat(s)?

\_\_\_\_\_  
Landlord's Name & Phone

\_\_\_\_\_  
Current Veterinary & Phone

\_\_\_\_\_  
Please list your current pet(s) – Name, Age, Species (dog/cat) and breed

\_\_\_\_\_  
Are your current pets on monthly flea preventive treatment?

\_\_\_\_\_  
Are all pets current on vaccinations?

\_\_\_\_\_  
Have your cats been tested negative for FELV?

\_\_\_\_\_  
Are your cats spayed or neutered?

\_\_\_\_\_  
If fostering a pregnant mom, do you have a separate place where she can reside?

\_\_\_\_\_  
How long are you willing to foster a cat?

\_\_\_ Week \_\_\_ Month \_\_\_ As long as needed \_\_\_

Please check the type of animals you would be interested in fostering:

- Newborn litter of kittens (Orphaned, to bottle feed and wean)
- Mother & Kittens
- Single kitten (7-12 weeks)
- Special needs – medical
- Special needs – behavioral
- Senior cat

Are you willing to work with a foster cat on litter box issues should the need arise?

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Are you willing to foster a "special Needs" cat (a cat needing special medical treatment)?

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Are you willing to transport the cats/kittens for any necessary veterinary care? (APA's designated veterinarians located in Louisville, KY)

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Are you willing to meet with a potential adopter either at your home or theirs?

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Do you have experience fostering cats/kittens? If so, please describe.

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Name and contact information of organization you previously fostered for:

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Why do you want to foster?

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Please provide two personal references and phone numbers that can attest to your ability to care for cats.

1. \_\_\_\_\_

2. \_\_\_\_\_

**APA FOSTER AGREEMENT**

I understand that as part of my participation in the APA Foster Cat Program, I agree that:

(Please place initials next to each statement to indicate agreement. Animal Protection Association referred to as APA;

- 1. \_\_\_\_\_ I/we understand that all animals are TEMPORARILY fostered for APA and are the property of APA.
- 2. \_\_\_\_\_ I/we agree to keep my foster cats under my control at all times while I'm fostering and will keep them inside at all times.
- 3. \_\_\_\_\_ If my foster cats show any signs of health or behavioral problems, I understand that I need to contact APA immediately.
- 4. \_\_\_\_\_ I will relinquish any foster cat to APA upon their request.
- 5. \_\_\_\_\_ If you or your acquaintances become interested in adopting a cat or kitten, an adoption application must be Completed and approved and an adoption fee of \$80 per cat will be expected.
- 6. \_\_\_\_\_ I agree to allow APA to visit my home prior to or during my foster period.
- 7. \_\_\_\_\_ I will not bring APA cats into my home unless approved by the President of APA.

By signing below, you are verifying that you have read and agree to all terms stated above.

Signature	Printed Name	Date
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Approved by Animal Protection Association	Date
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**APA contacts and authorized foster approvers:**

President: Vicki Clark – 502-930-3095  
 Medical: Jan Baird – 502-592-0363  
 Experienced Kitten Foster – Pam Himmelheber – 502-727-7547