

ANIMAL PROTECTION ASSOCIATION

A No-Kill Cat Shelter

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

www.apa-pets.org



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?

Are you willing to foster a “special needs” cat (a cat needing special medical treatment)?

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

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

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

Name and contact information of organization you previously fostered for:

Why do you want to foster?

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 cats 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 Vice President of APA.**

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

Signature

Printed Name

Date

Approved by Animal Protection Association

Date

APA contacts and authorized foster approvers:

Co-Presidents: Jeni Church – 502-939-9404 or Janine Katzs - 502-715-8516

Medical: Jan Baird – 502-592-0363

Experienced Kitten Foster – Pam Himmelheber – 502-727-7547