



CAT FOSTER CARE APPLICATION

TODAY'S DATE: _____

How Did You Hear About No Kitty Left Behind?

No Kitty Left Behind
175 Harmon Ave
Cranston RI 02910
(401)559-2644
Nokittyleftbehind06@gmail.com

Contact Information

Name: _____ Co-Applicant Name: _____

Relationship to Co-Applicant: _____

If the co-applicant listed is your significant other, how long together? _____

Street Address: _____ Mailing Address (if different): _____

City, State & zip code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Occupation: _____ Work phone: _____

How long with this employer? _____

Co-Appl. Employer: _____ Co-Appl. Occupation: _____ Co-Appl. work phone: _____

How long with this employer? _____

Co-Appl. Cell Phone: _____ Co-Appl. Email Address: _____

Family Information

Are you or the Co-Applicant a student? _____

No. of adults in household? _____ Ages? _____ No. of children in household? _____ Ages? _____

Besides your immediate family, are others residing in your home? _____
Names & Ages of other residents _____ Relationship of other residents _____

Do they share your interest in fostering? _____, Is anyone in your home allergic to cats? _____

Home Information

Do you own or rent your home? _____ How long have you lived at your current address? _____

Please describe – house, apartment, townhouse, condo? _____ Square feet? _____

If you rent, please provide your landlord's name & phone #: _____

Do you have the permission of your landlord to have a foster cat? _____

Is a pet deposit required? ___ Yes ___ No Paid? ___ Yes ___ No ___

Current Pet Information

Please list your current pet(s) – Name, Age, Species (dog/cat), Gender, and Breed _____

Are all your current pets Spayed/ Neutered? _____

Are your current pets on monthly flea preventive treatment? _____

Are your current pets up to date on all vaccinations? _____

Have your current cats been tested for feline leukemia and FIV? ___ Yes ___ No Results: _____

Are your cats current on FELV vaccinations if they go outside? ___ Yes ___ No
Due date: _____

Do your current pets get along with other cats? If you think there may be a conflict, please describe how your will keep the foster cat separate from your family pet(s) _____

Foster Information

How long are you willing to foster a particular animal? (Circle one)

AS LONG AS NEEDED OTHER _____

Please describe where the cat will stay during the day, at night, and when you aren't home: _____

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 cat for any necessary veterinary care? (Note: No Kitty Left Behind's designated veterinarian is City Kitty at 400 Hope St. in Providence). _____

Note: No Kitty Left Behind covers the medical expenses for all foster animals. However, our vet care costs are only discounted through a particular vet and therefore they are the only clinic we currently use for routine care. With the obvious exception of a life-threatening medical emergency, if you should decide to take your foster animal to a different vet for convenience or any other reason, No Kitty Left Behind will not be able to cover the cost of the visit. Thank you for your understanding.

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

Foster Care Agreement

I/we understand that all animals are TEMPORARILY fostered for NKLB and are the wards of NKLB.

I agree to keep any foster animal under my control at all times while I am fostering. Cats must be kept indoors.

If my foster pet(s) shows any sign of health or behavior problems, I understand that I need to contact NKLB immediately.

I will relinquish any foster animal to NKLB upon their request.

If you or your acquaintances should become interested in adopting a foster pet, an adoption application can be acquired through NKLB by email.

NKLB is not responsible for damage or injury to any person, animal, or possession caused by a foster animal.

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

I/we attest that the information provided on this form is true and accurate to the best of my/our knowledge.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

Co-applicant's Signature: _____

Co-applicant's Printed Name: _____

Date: _____

Note: Submission by email will serve as signature agreement