



# ANIMAL CARE COUNCIL FOSTER APPLICATION

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Please circle)      HOUSE                      APARTMENT                      TRAILER

Number of people in home: Adult \_\_\_\_\_ Children \_\_\_\_\_ Age(s) of Children \_\_\_\_\_

List the Owner of the Property: Name \_\_\_\_\_ Phone \_\_\_\_\_

What kind of food will you be feeding? (dry? wet? brand?)

\_\_\_\_\_

Are all of the cats in your home FIV/FelV tested? If so, can you provide proof that they are negative?

\_\_\_\_\_

Have any of your pets died in the past year? If so, from what? \_\_\_\_\_

Have you had any problems with ringworm in your home in the past year?      YES              NO

Are all of your pets fixed?              YES              NO

If no, why? \_\_\_\_\_

Please list your current pets:

| Name  | Age   | Breed |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List 2 people who know you as a pet owner as references:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Are you willing to provide care to cat(s) with special needs? (medications, socializing, etc.)    YES    NO

Are you interested in fostering kittens or adults or both? \_\_\_\_\_

#### HOLD HARMLESS AGREEMENT

I understand and agree to all risks involved with fostering an animal from Animal Care Council (ACC), located at 131 Washington Ave, Endicott, NY 13760. I understand that my pet(s) may catch an illness from the animal I am fostering. ACC will not be held reliable for any injury, death, or damage caused by a fostered animal. I understand that the animal I am fostering may scratch or bite. I hereby release ACC (Board of Directors, Volunteers, Employees) from any and all liabilities. I agree to return the animal to Animal Care Council at the time of request.

X \_\_\_\_\_  
Signature of Foster Home

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Please Print Name