

**MOUNT VERNON ANIMAL RESCUE (MVAR)**

**FOSTER APPLICATION (CAT)**

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First Name Last Name

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Address City

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State Zip Code

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Home Phone Cell Phone

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Email address

Home Environment:

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Number of adults in the home Number of children

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Ages of children (if applicable)

Do you own or rent?

* Own
* Rent

If you rent, what is your landlord’s name and phone number?

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How long have you lived there?

Type of Home?

* House
* Apartment
* Condo/townhouse

What is the activity level of your household?

* Calm/quite
* Active
* Hectic

Do you have a separate room or space you can keep a foster if needed?

* Yes
* No

What kind of cat(s) are you interested in fostering, e.g., size, age, gender, etc.?

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Do you have experience with:

* Scared and stressed cats needing socialization
* Cats that have been abused or neglected
* Kittens
* Newborn kittens requiring bottle feedings

Do you have certain requirements such as housebroken, gets along with children, other pets?

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Are you ready to foster now or in the very near future?

* Yes
* No

Please specify if there is a specific timeframe when you won’t be available to foster.

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Are you willing to allow the cat the time it needs to adjust to a new environment and keep it until it is adopted? MVAR will take the cat back in the event there is serious issue with the understanding the foster will give MVAR two weeks to find another placement for the cat.

* Yes
* No

What is the primary caregiver’s schedule? How many hours a day/week will the cat be alone?

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What will you do with the cat when you are not at home?

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Have you fostered for another rescue? If so, state name and contact information.

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Are there other animals in the household?

* Dog(s)
* Cat(s)
* Other

If yes, please list name(s), age(s), breed, neutered or spayed?

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If you have cats, what type of food do you feed them and when?

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Are your cats:

* Indoor only
* Indoor/outdoor
* Outdoor

Are your pets up to date on vaccines?

* Yes
* No

Do you give your pet(s) flea/tick preventative?

* Yes
* No

Do you give your dog(s) heartworm preventative?

* Yes
* No

What is the name and number of your current veterinarian?

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MVAR would provide initial supplies and a crate if needed. What supplies would you need?

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As a foster, are you willing to provide high quality cat food, speak to potential adopters, and send pictures if requested? MVAR will pay for all veterinary costs

* Yes
* No

All statements I have made on this application are truthful. I have not misrepresented the status of my home ownership, family members or any other statements on this application. I give permission for the rescuer to verify the information on this form.

Signed Date

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Foster assumes the risks associated with being around animals, including but not limited to being bitten or scratched and will hold MVAR harmless for any personal injury or property damage and release MVAR from all liability arising from damages to person(s) or property caused by the pet.