*Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the Hope’s Chest, Inc. Foster Care Program.*

**PERSONAL INFORMATION (Please Print):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best way to contact you? Phone Email

**What type of cat(s) would you like to foster?**

* Healthy cats/kittens only
* Sick cats/kittens (may need daily medications)
* Kittens needing to gain weight, be socialized, and grow older
* Unweaned kittens (bottle feeders)
* Mother cats with nursing kittens
* Kittens needing extra socialization
* Injured cats/kittens (may have special restrictions and daily medications)

**HOUSEHOLD INFORMATION:**

How many people are in your household?

* Adults over the age of 21 (including self): \_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Children (under 21): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in the household have allergies to cats? □ YES □ NO

* If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_\_\_\_ If renting, does your lease allow animals? \_\_\_\_\_\_\_\_

**Do you live in:** HOUSE APARTMENT/DUPLEX CONDO/TOWNHOUSE

**Do you:**  OWN RENT LEASE

* How long have you been at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If renting/leasing, are there pet restrictions? □ YES □ NO

* If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Landlord’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Landlord’s phone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* *If renting, we will contact your landlord to ask if fostering animals in your home is acceptable. You will not be able to foster until we receive positive confirmation.*

*\*Note: All cats/kittens under Hope’s Chest Foster Program must be 100% indoor only…they are NOT to be allowed outside unless authorized by Hope’s Chest, Inc. staff member/board member.*

Please tell us about the animals currently residing in your household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Gender** | **Breed** | **Spayed/Neutered** |
|  |  | □ M □ F |  | □ Yes □ No |
|  |  | □ M □ F |  | □ Yes □ No |
|  |  | □ M □ F |  | □ Yes □ No |
|  |  | □ M □ F |  | □ Yes □ No |
|  |  | □ M □ F |  | □ Yes □ No |

□ I have > 5 pets…please write the remaining pet(s) information on the back of this page.

***\*\*\*Hope’s Chest requires all animals currently residing in your household to be up to date on vaccines. Your may be asked to provide proof of vaccination records. \*\*\****

Will you be able to separate foster animals from your own animals? □ Yes □ No

How many hours will foster animals be without direct care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the area where your foster animals will be housed:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following carefully:**

Hope’s Chest, Inc. determines the criteria for fostering, decides which animals are eligible for foster care, and appoints foster caregivers from a pre-approved list of trained providers. Hope’s Chest foster care volunteers may always refuse any specific request for any reason. Hope’s Chest staff will inform you of any medical treatments to be administered, the anticipated length of the foster-care period, the objectives of each particular placement (restoring to health, rearing to adoptable age, socialization, etc.) and any other expectations we may have.

You will be expected to keep the animal safe and secure, return it to Hope’s Chest when requested to do so and not promise the animal to anyone, or imply that you have the authority to approve a potential adoption. Hope’s Chest retains ownership of all animals placed in foster care, and will make all decisions regarding the adoption and placement of the animals fostered.

Hope’s Chest cannot accommodate people fulfilling court-ordered community service within the Foster Care Program. Hope’s Chest does not accept into this program those convicted of violent crimes of crimes involving animal cruelty or neglect. Students seeking credit for school service requirements should speak with Dr. Moseley to discuss the program before proceeding.

The foster parent is responsible for providing all food, litter, bedding, and toys for the animal while it is in their care at home (unless it can be provided by donated items). The foster parent is responsible for transporting the animals to Hope Animal Hospital for their checkups.

I have read and understand the statements above. I certify that all the information contained in this application is true and correct. I understand that although Hope’s Chest, Inc. takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals’ health, behavior, or actions. I understand that I receive foster animals at my own risk and can decline to accept any animal for which Hope’s Chest has asked me to provide care. I acknowledge that Hope’s Chest, Inc. is not responsible for any property damage or personal injury suffered by me, members of my household, including my own animals, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hope’s Chest Inc Representative Date

**Return Application to:**

Hope’s Chest, Inc.

Attn: Cat Foster Care Program

1042 Sam Lattimore Rd.

Shelby, NC 28152

Or Email us at: hopeschestinc@gmail.com