



Name of cat you wish to foster: _____

Pasado's Safe Haven Foster Application – Cat/Kitten

Fostering really helps us save animals - it allows us the chance to get an animal out of a situation - quick - where they may be euthanized or otherwise be in peril.

The commitment of time ranges from a few days to a few months- we really never know how long the dog or cat will be with you. Once you do make the commitment though, you need to dedicate yourself to it. The one thing these animals really need is stability - and love. If you can offer both, then you're up to the task! (The toughest part is not falling in love - but we truly hope you don't - when we lose a foster home, it's one less animal we can help!)

Pasado's Safe Haven will provide you with food, medications if needed, and an unlimited supply of motherly advice.

Sorry, no e-mail applications. (we need a signed commitment to our rescued animals!) Please print out the following application, sign, and return via fax or postal mail. A Pasado's Safe Haven representative will then contact you. Thank you! Fax to : 425-820-1717

Date: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ E-mail Address: _____

Employer: _____ Occupation: _____

Spouse/Partner Name: _____ Work Phone: _____

Spouse/Partner Employer: _____ Occupation: _____

HOUSEHOLD:

1. Do you live in: House Townhouse Condo Mobile Home Apt, Complex Name _____

2. Do you: Rent Own

3. If renting, please provide landlord's name and number: _____

4. Do you have permission from the landlord to keep a pet? Yes No

5. Please list the names of all your household members. Include ages for household members under age 18.

_____	_____
_____	_____
_____	_____

6. Who will be primarily responsible for the care and supervision of the animal? _____

7. Are your animals able to have a separate area away from foster animals (if necessary)?

8. Will this cat be in the presence of children frequently? Yes No. If yes, what ages? _____

9. Do any household members have known allergies to cats? Yes No

10. Please list the pets that you have had in the past five years (both current and those you no longer own):

Breed/Type	Age	Sex	Spayed/Neutered	How long owned?	What happened to him/her?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. Are all animals spayed/neutered? Yes No. If not, please explain: _____

PET CARE:

12. Where will the cat be kept when you are at home? _____

When left alone? _____ Where will it sleep at night? _____

13. On the average, how many hours per day will the cat spend without a human? _____

ANIMAL SELECTION/BEHAVIORS:

14. How do you plan on coping with furniture scratching? _____

15. How would you cope with housesoiling? _____

16. What if the cat became incontinent? How would you handle this? _____

17. For what potential problems do you feel unprepared? *Please check all that apply.*

Biting/Scratching Housesoiling Not good with other animals Not good with children Allergies

Excessive grooming needs Medical Issues Excessive furniture scratching Excessive vocalizing

Other _____

ANIMAL FOSTER AGREEMENT

My signature below indicates that I have read, and that I agree to enter into and fully abide by the terms and conditions of the Animal Foster Agreement between myself (herein referred to as "Foster Parent") and Pasado's Safe Haven.

1. I understand that it is my decision to foster animals for Pasado's Safe Haven. I will not hold Pasado's Safe Haven, or any of its employees or volunteers, liable for any damage, injury, or harm caused directly or indirectly through my fostering activities.

2. I understand that Pasado's Safe Haven cannot guarantee or be held responsible for the temperament, health, or behavior of foster cats that I may handle, and I am aware that cats may cause property or personal damage. I will keep the foster animal securely contained while in my care.

3. If the animal I am fostering needs emergency medical care (as defined by the veterinarian you will have taken the animal to), all emergency medical care will be paid for by Pasado's Safe Haven unless the injury is due to my negligence (i.e. allowing the animal to run into a street and be hit by a car, etc.) If the animal I am fostering appears to need non-emergency veterinary care, I will first call Pasado's Safe Haven to be directed to a veterinarian of their choice. Pasado's Safe Haven will not assume non-emergency veterinary bills incurred without authorization.

4. I understand that the foster cat(s) must be kept safely indoors at all times, with exceptions made for approved secure, escape-proof outdoor enclosures.

5. I understand that the animal being fostered will continue to be available for adoption. If the animal is needed for an adoption event, I will make the appropriate arrangements to have the animal brought to the designated location.

6. If the animal I am fostering receives a valid adoption application, I will have the option of adopting the animal myself. I must fill out an adoption application and return it to Pasado's Safe Haven within 48 hours after being contacted about a potential adopter.

7. Upon termination of this agreement by either parties, the animal must be returned to Pasado's Safe Haven immediately.

FAX TO 425-820-1717

Signature:

Date: