



SCAT Street Cat Rescue Foster Home Agreement

Return to SCAT Centre in person, via email, or by fax

In Person: 108-2750 Faithfull Avenue (Hours Tues-Sat 11-4pm)

Email: street.cat@sasktel.net

Fax: (306) 955-1037

Phone: (306) 955-7228

Basic Foster Home Requirements:

1. Fosters must either own their home, or have written landlord approval to have a foster cat(s) in their home if they rent.
2. Every person living in the home must be in agreement to have a foster cat(s) come into the home.
3. Foster homes must consent to an initial home check prior to being approved. Additionally a SCAT representative may request a follow up home check as is deemed necessary.
4. Foster homes owned animal(s) must be up to date on vaccines, spayed/neutered (age appropriate), and tested for FIV/FeLV- and must provide vaccine and FIV/FeLV testing records for their owned animal(s) to SCAT.
5. Fosters must agree that their veterinarian has permission to disclose health concerns about their owned cat(s) to SCAT at any time if there is concern for their foster cat(s) should they arise at any time before, during, or after fostering.
6. Foster homes must have a room the cats can be quarantined in for a **minimum of 14 days** (for more information on quarantining procedures read the *Foster Home Guidelines*).
7. Foster homes must allow SCAT representatives to check in on their foster cat periodically in their home.
8. Fosters must provide regular updates and photos of their foster cats to SCAT so they can be listed for adoption as soon as possible.
9. Foster homes must be willing to have potential adopters come to their home to meet with their foster cat, as well as take them to Petsmart or Adoption Events if required.



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10. Foster homes must have read the *Foster Home Guidelines* and understand the procedures involved with having a foster cat.
11. Foster homes must understand that they are a vital part of helping our cats find their forever homes and we are forever grateful for them opening their hearts and homes to foster cats in need!

Foster Applicant(s) Information:

Name(s): _____

Street Address: _____

City / Postal Code: _____

Phone: (Home)

(Cell)

(Work)

Email(s): _____

Preferred method of contact:

Cell

Home

Email

Dwelling Type (check/specify):

House

Apartment

Condo

Other: _____

Do you (check one)?

RENT

OWN

IF RENTING:

Landlord Name(s): _____

Landlord phone number(s): _____

Landlord Permission:

As the landlord of the previously mentioned property I authorize that _____ number of SCAT cats can be fostered on the premises for the duration of the rental agreement

Signature: _____

Print Name: _____

Date: _____



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Foster Home Information:

Human Occupants (name, age, relation to applicant(s)):

Previous Animal Ownership:

Name(s) of Previous Veterinarian(s):

Vet Clinic(s) Used for Previously Owned Animals:

Please list the animals you have owned (current or past)/helped cared for- even for a short while (continue on last page if necessary)

Name	Type (i.e. dog/cat/hamster)	Years you had them	Reason they are no longer in your care (i.e. moved, rehomed, passed away, was my room mates, too expensive, too many behavioural issues)



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More Information:

What types of cats/kittens are you interested in fostering? *(Check all that apply/ provide additional information if needed)*

- | | | | |
|--------------------------------------|----------------------------------|---|---|
| Pregnant Cats | Mom cats with kittens | Bottle Babies (1 day- 4/6 weeks) | Kittens 5-8 weeks |
| Kittens 8 weeks-6 months | Kittens 6 months - 1 year | Adult Cats 1-8 years | Senior Cats 8 years + |
| Cats with FIV | Cats with FeLV | Cats with minor medical needs | Cats with moderate medical needs |
| Cats with major medical needs | Friendly Cats | Timid Cats | Feral Cats |

Any Additional information:

1. How many foster cats / kittens are you able to take at one time?

Cats:	Kittens:	Overall:
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2. Are all household members in agreement with bringing foster cats/kittens into the household? **YES** **NO**



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- | | | |
|---|-----|----|
| 3. Are you able to provide food and litter? | YES | NO |
| 4. OR, do you wish SCAT to provide food and/or litter? | YES | NO |
| 5. Do you have a room/area where the animal can be quarantined? | YES | NO |

Please Describe (square foot, flooring type, furniture in the room etc.):

- | | | |
|--|-----|----|
| 6. Are you able to transport cats to their veterinary appointments/to Petsmart? | YES | NO |
| 7. Are you able to keep the cat INDOORS?
<i>Or when outside in a patio/catrun, on a leash, or in a carrier?</i> | YES | NO |
| 8. Some cats go through periods of time where they have behavioural issues, do you have any experience with dealing with behavioural issues cats have? | YES | NO |
| 9. Are you willing to make every effort possible to be available to have potential adopters come to your home to meet your foster cat? | YES | NO |

Final Checklist:

- I have read, understand, and agree to follow all of the *Foster Home Requirements* listed in this agreement and in the more detailed *Foster Home Guidelines*.
- I have a suitable quarantine room, and will ensure that the cats / kittens in my care are properly quarantined for the required time period (**14 days minimum**).
- I have provided FIV / FeLV testing and vaccine records for all animals in my household (attached).
- I give permission to my veterinarian to disclose information regarding my owned pets health status to SCAT as it relates to my foster cat .
Name of Vet Clinic: _____



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- I understand that if I bring a new animal into my home I must follow quarantine procedures, have them tested, up to date on vaccines, and inform SCAT immediately if I have a foster in my home, or as soon as possible prior to taking in a new foster.
- I do not allow my owned cats to roam at large, and will not allow my foster cat to roam at large.
- I agree that SCAT Street Cat Rescue is not responsible for any illness of my pets at any time before, during, or after the fostering process.
- I will allow a SCAT representative to visit my home, prior to receiving a foster cat, and at any time to check on the well being of the cat.
- I agree to give the SCAT office advanced notice (7 days or more) if I am no longer able to foster, or if a foster cat must be removed from my home.
- I understand that I do not own my foster cat, and will release them into SCAT's care if requested.
- I will get SCAT Office approval PRIOR to relocating the animal to a different approved foster or approved adoptive home.
- I understand that if I have a medical concern about my foster cat I will contact SCAT to seek medical authorization to take them to a veterinary clinic. I also understand the conditions that are classed as emergency in the **Foster Home Guidelines**, and would seek immediate medical help, and contact the SCAT Office at the earliest possible moment
- I understand that if my foster cat gets loose outside accidentally, and I am unable to locate this animal within 30 minutes, that I will contact the SCAT Office
- I am very excited to bring a foster cat into my home!

Signature of Applicant(s):

Printed Name of Applicant(s):

Date:

For any questions about fostering or the application please contact SCAT Street Cat Rescue
Hours of Operation: Tuesday – Saturday 11:00-4:00pm
Phone: (306) 955-7228 / Email: street.cat@sasktel.net