

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

In Person: 108-2750 Faithfull Avenue (Hours Tues-Sat 11-4pm)
Email: contact@streetcat.ca
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.



- 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) Informati	on:		
Name(s):			
Street Address:			
City / Postal Code:			
Phone: (Home) (Cell)	<u> </u>	(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 menor SCAT cats can be fostered on the previously	1 1		
Signature:			
Print Name:			
Date:			



Foster Home Information:			
Human Occu	nante (namo	ago rolation	to applicant(s)):
Tullian occu	pants (name,	age, i ciation	to applicancisj).
-			_
<b>D</b>			
Previous A	nimal Own	ership:	
Name(s) of P	revious Vete	rinarian(s):	
W. Cli. ( )	u le p		14
Vet Clinic(s)	Usea for Prev	nously Owne	d Animais:
Please list	the animals	you have o	owned (current or past)/helped cared
for- even for	a short while		n last page if necessary)
Name			Reason they are no longer in your care (i.e.
	dog/cat/ hamster)	had them	moved, rehomed, passed away, was my room mates, too expensive, too many behavioural
	numster		issues)



More Informatio	n:		
What types of cats/kitt provide additional info	_	ted in fostering? (Check	all that apply/
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 informa	ation:		
1. How many foster ca	ts / kittens are you	able to take at one time	?
Cats:		Kittens:	Overall:
2. Are all household n cats/kittens into th		ent with bringing foster	YES



3. A	re you able to provide food and litter?	YES	NO
4. 0	R, do you wish SCAT to provide food and/or litter?	YES	NO
	o you have a room/area where the animal can be quarantined?	YES	NO
Please	Describe (square foot, flooring type, furniture in the room etc.):		
	e you able to transport cats to their veterinary appointments/to smart?	YES	NO
	e you able to keep the cat INDOORS? when outside in a catio/catrun, on a leash, or in a carrier?	YES	NO
issı	me cats go through periods of time where they have behavioural ues, do you have any experience with dealing with behavioural ues cats have?	YES	NO
	e you willing to make every effort possible to be available to have tential adopters come to your home to meet your foster cat?	YES	NO
Fina	al Checklist:		
	I have read, understand, and agree to follow all of the <i>Foster Home Req</i> listed in this agreement and in the more detailed <i>Foster Home Guidelin</i>		5
	I have a suitable quarantine room, and will ensure that the cats / kitten are properly quarantined for the required time period (14 days minim	•	·e
	I have provided FIV / FeLV testing and vaccine records for all animals in household (attached).	n my	
	I give permission to my veterinarian to disclose information regarding pets health status to SCAT as it relates to my foster cat .  Name of Vet Clinic:	my owned	



	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 SCATs 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 <i>Foster Home Guidelines</i> , 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 <i>within 30 minutes</i> , 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: contact@streetcat.ca