## **SOS Animal Rescue Foster Home Application**

Name
Address
Phone Best time(s) to call:
Email:
Would like to foster (please check all that apply)
Adult cats
kittens (weaned)
bottle babies (need fed around the clock-every 3 hours or so)
senior cats
Special needs (might need fluids or daily meds, etc.)
small animals: bunnies, guinea pigs, hamsters
I am home approximately hours a day.
My home is: extremely busy average activity fairly quiet very quiet
Ages of any children living in household, or grandchildren/others who visit frequently:
Do you have a separate area /room for fosters? (spare room, laundry area, bathroom, etc.)
Do you have reliable transportation, and are you able to transport fosters to adoption events/vet appointments?
SOS fosters are seen by New Stanton Veterinary Service or Westmoreland Humane Society. If a foster kitten is taken to any other vet without prior permission, fosterer will be responsible for the bill (initial)
All medical visits must be approved by an SOS officer prior to visit.
Foster homes are <u>not</u> to administer any medications or vaccines without checking with the foster coordinator first. Foster home will notify Dana by text or call <u>immediately</u> if kittens show any signs of illness (diarrhea, vomiting repeatedly, lethargy, limping-fever, not eating) (initial)
SOS will provide any needed food, litter, medications, and supplies.

(over)

Signature of applicant	Date
I agree not to hold SOS or any of its officers responsible or liable for any damages, bites, scratches, accidental or otherwise, while caring for fostered animals. (Feral /aggressive cats will NOT be placed into foster homes-unless said foster is experienced with those types of cats and wants to socialize)	
I agree to a home visit for initial application to foster.	
I understand that if at any point I can no longer care for said animal, I will notif	y SOS immediately.
I agree to provide nutrition, socialization, and love to fosters in my care.	
I understand that supplies are for the sole use of fostered animals.	

SOS Representative \_\_\_\_\_\_ Date \_\_\_\_\_