

AUSTIN SIAMESE RESCUE, INC.

FOSTER PARENT APPLICATION

Today's Date: _____ ASR Received: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone (H): _____ Cell Phone: _____

E-Mail: _____

Employer: _____

Phone (W): _____ May we contact you at work? (circle one) Yes No

Past Pets (names/type) _____

Current Pets (names/type): _____

Names/Ages of people living in your home: _____

Are your dogs/cats up to date on Vaccines? _____ Spayed/Neutered: _____

If not, why not: _____

Current Cats at home: Have they been tested for Feline Leukemia and FIV? _____

Results: _____

Do the cats: go outside inside only both

Vets Name: _____

Address: _____

Phone: _____

Home Situation: Own/Rent*? _____ How long at this house: _____

If renting, attach letter from landlord indicating pets are allowed.

Name and phone number of landlord: _____

Average # of hours a day someone is home: _____

If you travel for business, how do you plan to provide for cat when away from home:

Kennel: _____ Sitter: _____ Family/Friend: _____

Have you ever given up an animal before, and if so, why?

Previous experience with Siamese or other

Why do you want to foster a Siamese or other breed cat?

What can you offer as a foster environment (tell us if you have isolation capabilities, multiple rooms, expect all cats to be underfoot, use play pens, can offer us mother & newborn kitten care)?

Do you have experience with sick or injured cats? _____ How many years _____
What does your experience encompass?

Do you maintain a Cat First Aid Kit? _____ What do you keep in your kit? _____

Two References (**Not** Related to you).

***If you do not currently have a veterinarian reference, please give us a third personal reference.

1. Name _____

Phone: _____ E-Mail _____

2. Name _____

Phone: _____ E-Mail _____

3. Name _____

Phone: _____ E-Mail _____

Preferences to foster - Age desired: _____ Sex desired: _____ Points Desired: _____

How many foster cats can you care for at one time (foster capacity)? _____

Do you have transportation available for Vet appointments? _____

Would you pick up or drop off/ship at closest major airport provided we do all the paperwork, pay the fees, and make all the arrangements? _____

Airport Name(s): _____

Would you be willing to communicate with approved adopters we refer to you for your foster cats and provide feedback to the Board of Directors? _____

I certify all the above information to be true and complete to the best of my knowledge.

Print name: _____

Signature: _____ Date: _____

(Applicants must be at least 18 years of age)

Please fax or scan and email your application to the number or address below. Your application will be reference checked, and you will be interviewed.

Thank you for your interest in fostering for Austin Siamese Rescue.