

Thank you for your interest in becoming a foster parent!

Our mission is to relieve the suffering of homeless animals in Lancaster County, and our vision to make Lancaster County a no-kill community for companion animals!

PERSONAL INFORMATION			
Full Name:			<u></u>
Street Address:			
City, State, Zip:			
Primary Phone:			
Email Address:		· <del></del>	
Preferred method of contact: Phone	Text	Email	
Employer:			
How many hours per day are you away	from home?		
FOSTER INFORMATION			
Why are you considering fostering?			
Are you currently fostering for another	organization? YES I	10	
If YES, please explain:			
Have you fostered companion animals	before? YES NO		
If YES, please indicate for which	ı organization and de	escribe the situation:	
Circle which types of cats/kittens you'd	d prefer to foster:		
Newborn kittens (unweaned) *	requires you to feed	replacement milk every 2-4 h	ours
Weaned kittens	Young adult ca	ts	Adult cats
Number of cats/kittens you can foster	at one time:		
Do you have a time limit to which you o	can commit to foster	? (i.e. 2 weeks, until adoption	ı, etc)
Do you have any veterinary or health c	are training? YES NC	)	
If YES, please list details:			
Have you ever fed newborn kittens? YE	ES NO		
If YES, please describe:			
Are you comfortable administering me	dication to cats (not	vaccinations)? YES NO	

Are you able to transport the fosters to, and from, these FHAC for exams, vaccinations, and other			
appointments as needed?			
Do you have a vehicle available to you at all times to transport animals? YES NO			
HOME INFORMATION			
How long have you lived at your current residence?			
Do you OWN or RENT?			
If renting, Complex/Manager/Landlord's name and phone number:			
If renting, what is the pet policy? # of pets Pet Deposit Required?			
Foster animals require an isolated area, away from household pets, until the completion of the vaccination			
process. Do you have an area that can be reserved solely for fosters? Please describe:			
PET INFORMATION			
Are there children living in your home? YES NO			
If YES, list ages:			
If YES, have they lived with animals?			
Does anyone in the family have animal related allergies? YES NO			
If YES, what steps will you take?			
Is everyone in your family in favor of fostering? YES NO			
If NO, how will you deal with this?			
Do you currently have pets living in your home? YES NO			
If YES, list animal type and age:			
Are all of your pets up-to-date on vaccinations and rabies shots? YES NO			
If NO, please explain:			
If you have cats, have they been tested for feline leukemia and feline aids (Felv/FIV)? YES NO			
If YES, what were their results?			
Are the cats in your household? Indoor Only Outdoor Only Mixture of Both  If mixture of both, please explain:			

Veterinarian:
Address and Phone #:
Are any of your pets currently under treatment/taking medications? YES NO
If YES, please describe:
Has a pet died on your premises of distemper, leukemia, or unknown causes in the last 3 months? YES NO
If YES, please explain:
As a foster parent for Furever Home Adoption Center, you are agreeing to the following:
<ul> <li>ALL foster animals are the property of Furever Home Adoption Center, Inc. If you find a</li> </ul>
potential adopter for your foster animal(s), that potential adopter must fill out the adoption
application & complete the adoption process required by FHAC. Violation of this policy will result in
the termination of your foster care services.
<ul> <li>Furever Home Adoption Center will supply all medical care and supplies for the duration of the foster</li> </ul>
period.
• A Furever Home Adoption Center, Inc. representative may conduct a home inspection before my
foster application is approved.
• If approved, I will need to read, and sign, the Foster Care Agreement.
• If approved, I will discuss all specifics with a FHAC representative.
• The foster agreement may be terminated by either party at any time. Upon termination, all foster
animals in your care must be returned to Furever Home Adoption Center, Inc.
I have read this Application in its entirety, and I agree that all statements contained in this document are
made by me, and are truthful. I make this statement under penalty of perjury under the laws of the state of
Pennsylvania.
Print Name
Signature
Date

FOR ADOPTION CENTER USE ONLY:

# Contacted by: \_\_\_\_\_\_ Approved: YES NO DATE: \_\_\_\_\_ Notes: \_\_\_\_\_