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### CAT FOSTER APPLICATION

Thank you for your interest in fostering with us! today's date: \_\_\_\_\_

Our fosters:

- ❖ are at least 21 years of age (for the primary caretaker)
- ❖ have legal identification with current address
- ❖ are able to verify that cats are permitted where you live
- ❖ provide vet information and/or a personal reference
- ❖ provide a copy of all household pets' vaccine records

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email Address (\*please print clearly\*): \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Do you currently live with a parent(s)? Y N *\*If yes, provide their information below\**

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you Own **OR** Rent a: House Apartment Condo/Co-op Other

Landlord's Name/Management Co: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you adopted from the SPCA of Westchester before? Yes No When? \_\_\_\_\_

Are you interested in adopting a kitten? \_\_\_\_\_

Please list the names and ages of all adults in the household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names and ages of all children in the household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does anyone in the household have allergies to cats? yes no

What kind of experience have you had/have with cats? (vet tech, groomer, happy pet owner, etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently own any pets? If so, list names and ages of all household pets.

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**\* All household pets must be altered and up-to-date medically. Please provide a copy of your pets' vaccine records along with this application.\***

Do any household pets have health issues that can affect the foster cat? \_\_\_\_\_

Have you ever fostered an animal before? If so, what was your experience?

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Where will the foster cat or kitten(s) stay during the day, at night, and when left alone?

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Who will be the primary caretaker of the foster cat or kitten(s)?

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Are you able to transport the foster cat back to the SPCA for weekly check-ups?      yes      no

**Please circle which fosters you are most interested in:** Bottle Kittens    Halfway kittens (5-8 weeks)  
Pregnant & Nursing Mothers    Feral & Timid    Sick & Recovering    Seniors

For a description of each, please refer back to the cat foster guide. \*If you have not received and read the foster guide, please email [eileen@spcawestchester.org](mailto:eileen@spcawestchester.org) or ask office personnel for a copy prior to submitting the application\*

If you currently, or within the past year, have owned a pet please provide the name of your veterinarian:

Name of Vet: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please provide a personal reference who is not a family member.**

Name: \_\_\_\_\_ How do you know this person: \_\_\_\_\_

Phone #: \_\_\_\_\_

**ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFYING ANSWERS ON THE APPLICATION, OR AT ANY OTHER TIME DURING THE FOSTERING PROCESS, DISQUALIFIES ME FROM FOSTERING.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree to all information provided to me in the foster guide.

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*If you have not received and read the foster guide, please email [eileen@spcawestchester.org](mailto:eileen@spcawestchester.org) or ask office personnel for a copy prior to submitting the application\***

If during the time I am fostering the animal and it requires medical attention, I will contact SPCA Westchester. I understand medical fees carried out anywhere else other than the SPCA clinic are my responsibility.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand I am responsible for medical fees if the foster animal becomes sick or injured due to my neglect or inattention.

Yes \_\_\_\_\_ NO \_\_\_\_\_

I understand to keep the foster animal in my possession during the foster period unless directed otherwise by a SPCA staff member.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand the foster animal and any offspring that may be born while in foster care is/are the property of SPCA Westchester and I will not give away, sell, trade or dispose of the animal(s).

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that anyone interested in adopting my foster cat (including myself) and/or any offspring must go through the standard adoption process, and approval of candidates and placement of animals is up to SPCA Westchester.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that although SPCA Westchester takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions.

YES \_\_\_\_\_ NO \_\_\_\_\_

It is the policy of SPCA Westchester that all animals are altered prior to adoption; this supports our mission of saving homeless, abused and abandoned animals. Pediatric spay/neuter is the standard of care in shelters because of the impact it has on the overall health and longevity of animals. Recent inadequate studies have brought questions to these practices and proves that proper studies still need to be conducted. Sterilization significantly increases the life expectancy in dogs/cats, drastically decreases the number of homeless animals and therefore decreases the amount of unnecessary euthanasia in homeless pets. Spay/neuter prior to adoption is the policy of SPCA Westchester.

I understand SPCA Westchester's Spay and Neuter policy and will return the animal(s) for their spay and neuter procedure on the date provided by SPCA staff.

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that I receive foster care animals at my own risk and can reject or return any animals for which the SPCA has asked me to provide care. I indemnify and hold SPCA Westchester free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, or any third parties by reason of activities arising out of this agreement. I further understand the animal may cause bodily injury to me, members of my household or any third parties, and I will not hold SPCA Westchester responsible for

any injury that may arise. I release SPCA Westchester from responsibility for any diseases that may be contracted by my resident animal(s) from the foster animal.

\_\_\_\_\_  
Signature of Foster Parent

\_\_\_\_\_  
SPCA Westchester Representative

Date \_\_\_\_\_

### Medical Waiver

SPCA Westchester requires all household pets be current on vaccinations. All dogs require an up-to-date DHPP, Rabies, and Bordetella vaccine. All cats require an up-to-date FVRCP and Rabies vaccine.

I, \_\_\_\_\_, state that my animals are currently vaccinated, and I agree to update their vaccines regularly. I understand that there is always a risk that foster animals can harbor contagious illnesses. I agree to keep foster pets separated from my own pets for the duration of their stay, for the health and safety of my own pets, as well as those in foster care. If I fail to do so and should they become ill as a result of the foster animal, I will assume all responsibility of any medical expense to my resident pets and will not hold the SPCA Westchester accountable. Introducing household pets is not recommended and will be done at my own risk.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_