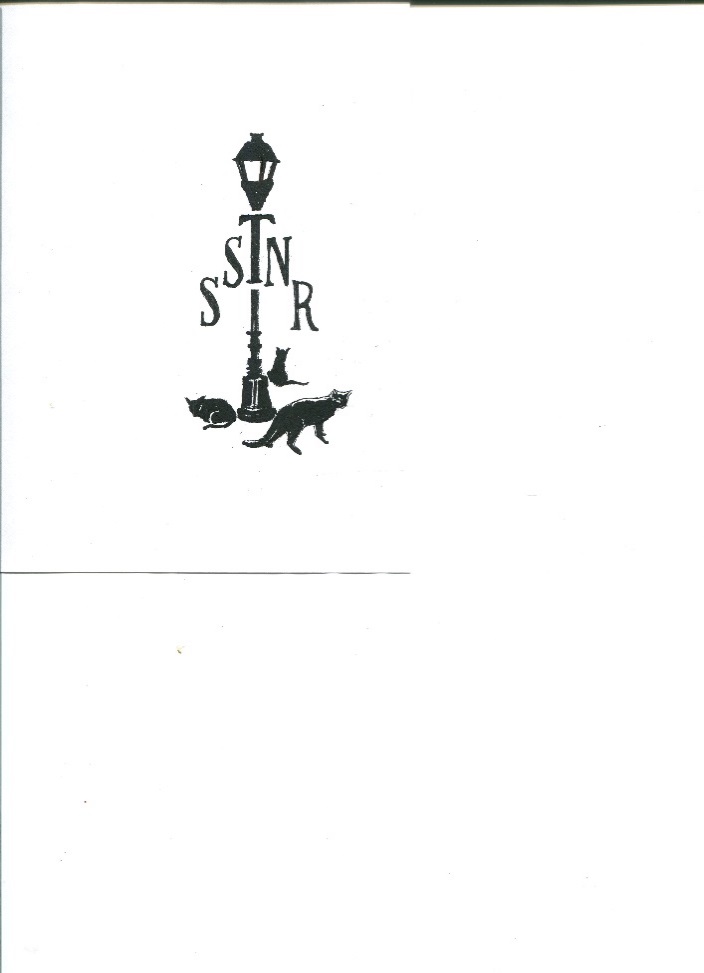
**Stray Streets TNR**

**A committee of the**

**Community Projects of Havre de Grace, Inc.**

**A 501(c)3 not-for-profit organization**

**224 N Washington St., Havre de Grace, MD 21078**

[**www.StrayStreetsTNR.com**](http://www.StrayStreetsTNR.com) **● 410.939.9003 ●** [**StrayStreetsTNR@gmail.com**](mailto:StrayStreetsTNR@gmail.com)

**www.facebook.com/StrayStreetsTNRofHavredeGrace**

**Foster Application**

Name: Phone (H) (c)

Address: City State Zip

Email: Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: Relationship: Phone:

Reason for wanting to foster:

Have you fostered before? Yes no If yes, what type of animal(s)?

For whom (person or organization) did you foster? Contact information:

Do you live in a: House Condo Apartment Mobile Home Do you own or rent?

If you are renting have you obtained permission from your landlord to foster animals? Is there an additional security deposit required?

Do you live: alone with spouse with others (roommates) Names & contact information:

with children – if yes please list ages

Number & types of other pets: Do all pets get along? Y N

If no, please explain how you deal with the issue

Please list all pets you have had in the past five years:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Breed | Is cat - Declawed? | Approx age | Sex | Spayed/  Neutered? | Years owned | Still living w/you? | If not, why? |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Veterinarian’s Name: Address: Phone:

Is anyone in your household allergic to cats or dogs? Y N If yes, how do you plan to cope w/allergies?

Where will the cat stay: Separate room (describe)

Who will care for the cat when you are out of town, or on vacation? Relationship:

How long are you willing to foster a particular animal? (circle one) WEEK MONTH AS LONG AS NEEDED OTHER

Please check the type of animal(s) you will be interested in fostering:

Newborn litter of kittens (orphaned, needing bottle feeding every 2 hrs.) Mother & kitten(s)

kitten(s) 7-12 weeks old – weaned how many at a time? Are you willing to administer medications?

Special needs –medical Special needs – behavioral Adult male female \_\_\_\_Bonded pair or group

Understanding the risks of FeLV & FIV transmission, are you willing to foster kittens too young to test for these viruses? \_\_\_\_\_\_If so, how will you protect other cats in your household against these diseases?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to foster a cat with litter box issues should the need arise?\_\_\_\_\_\_\_\_\_\_

Are you willing to meet with a potential adopter either at your home or the adopter’s home?\_\_\_\_\_\_\_\_\_\_

Are you willing to transport the cat for any necessary veterinary care?\_\_\_\_\_\_\_\_

Are you interested in fostering to adopt should the animal “clique” with your family & household?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References: (Please chose at least 2 people not related to you. We do contact all references so please let them know we will be contacting them.)

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Name address e-mail phone number years known

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Name address e-mail phone number years known

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Name address e-mail phone number years known

NOTE: Medical expenses for all foster animals will be covered by Stray Streets TNR provided foster caretakers use vet on approved list (to be provided) and notify us in advance, with the exception of true medical emergencies, in which case it is necessary to notify us once you have arrived at Animal Emergency Hospital, 807 Baltimore Pike, Bel Air, MD 21014, 410.420.7297. If you take your foster animal to a veterinarian without authorization, associated costs will not be covered. But we are flexible and will work with most vets as long as we can make contact in advance.

I understand that the animal(s) provided by Stray Streets TNR for me to foster, protect, socialize, has been only recently removed from the streets and received what veterinary care could be provided due to age and health. I understand that all KNOWN information about said animal(s) has been provided to me but that it is impossible to have a complete history on this particular rescue animal. I agree to hold harmless Stray Streets TNR, their volunteers, & The Community Projects of Havre de Grace, Inc. for any damage said animal(s) might do, directly or indirectly to myself, my possessions, &/or any person or animal in my care. I agree that I am sponsoring said animal(s) of my own free will and understand that it may have behavioral or health issues that need to be addressed with patience, training &/or medical care. I agree to seek this training or medical care as directed by Stray Streets TNR and to do so at their expense provided I have received prior permission to do so.

I understand that Stray Streets TNR, its volunteers, & The Community Projects of Havre de Grace, Inc. will not cover any expenses incurred by myself for my own medical care, replacement or repair of possessions (inanimate or animal) while said rescue animal(s) is in my care.

I understand and consent to a home visit either before or when a foster animal is placed in my care.

I understand that I am not the owner of said animal but may adopt my foster charge should I wish to do so.

I also understand that should I wish I will have input in the decision to adopt said animal(s) to any applicants wishing to provide a forever home for the foster animal in my care.

I understand that while Stray Streets TNR, a committee of The Community Projects of Havre de Grace, a 501(c)(3) non-profit organization oversees the colonies where this animal(s) was rescued and that neither Stray Streets TNR, its volunteers, nor Community Projects of Havre de Grace are rescue organizations and as such cannot be held responsible for any damages of any sort incurred by my fostering said animal(s).

I declare that all information that I have provided in this document is complete and true to the best of my knowledge, that neither myself nor any person either living in my household or visiting my household has a criminal record for or in under investigation for animal or domestic violence or abuse. I understand and agree that should any of the information I have provided prove false, should I fail to provide agreed upon care that the animal may be removed from my home immediately.

I understand that should an appropriate adoptive home be found the animal(s) may be removed from my care with at least 48 hours notice.

Should I need to relinquish said foster animal (unless in a case of emergency) that I will provide Stray Streets TNR with at least 48 hours notice.

I understand that all animals are TEMPORARILY fostered for Stray Streets TNR and remain in its custody.

I understand I can enter into a Foster-to-Adopt agreement whereby I will agree to socialize the animal(s) and have the intent to adopt same once spay/neuter & vaccinations, combo testing, microchipping is complete.

I agree to keep any foster animal under my control at all times while fostering. I will keep foster cats INDOORS at all times.

If my foster animal(s) shows any sign of health or behavior problems, I understand that I need to contact Tamara Stickler of Stray Streets TNR immediately.

I understand if an animal with behavior issues (or an animal who is feral) is to be placed within my care that I will be instructed on how to handle caring for it. I understand if I force contact on a feral animal that it will likely defend itself and cause harm to me or my property out of self-defense. I understand that any animal placed in my care will be up to date on its vaccinations, including to but not limited to rabies vaccination.

I will relinquish any foster animal to Stray Streets TNR or an approved agent of the organization upon request.

If I am interested in adopting my foster animal, I understand that I will be required to file an adoption application for record keeping purposes but as the foster caregiver I will be given first refusal when it comes time to place the animal.

I have read and completed this application thoroughly and understand the animal foster process:

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(name – printed) (date)

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

(Signature)

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Tamara L. Stickler, Chairperson (date)

c.443.310.5061, work. 410.939.9003

[StrayStreetsTNR@gmail.com](mailto:StrayStreetsTNR@gmail.com)