

Adoption Application

Tamara L. Stickler – for rescued animals needing fostering

Name: _____ Phone (H) _____ (c) _____
 Address: _____ City _____ State _____ Zip _____
 Email: _____
 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	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.)

 Name address e-mail phone number years known

 Name address e-mail phone number years known

 Name address e-mail phone number years known

NOTE: Medical expenses for all foster animals will be covered by myself provided foster caretakers use vet on approved list (to be provided) and notify me in advance, with the exception of true medical emergencies, in which case it is necessary to notify me 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.

I understand that the animal(s) provided by Tamara L. Stickler to 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 Tamara L. Stickler 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 Tamara L. Stickler and to do so at her expense provided I have received prior permission to do so.

I understand that Tamara L. Stickler 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 Tamara rescued this animal(s) that neither Stray Streets TNR 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 twenty-four hours notice.

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

I understand that all animals are TEMPORARILY fostered for Tamara L. Stickler and remain in her custody.

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 immediately.

I will relinquish any foster animal to Tamara L. Stickler upon her request.

If I am interested in adopting my foster pet, I understand that I will be required to file an adoption application.

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

(name – printed)

(date)

(Signature)

Tamara L. Stickler
c.443.310.5061, work. 410.939.9003
StrayStreetsTNR@gmail.com

(date)

(Signature)