



# FOSTER APPLICATION FOR KLASSY KATS OF BUTTS COUNTY CORP

## PERSONAL INFORMATION REQUIRED

Full Name (and nickname)		
Street Address		
City, State, Zip Code		
County		
Drivers License Number and State		
Date of Birth (Must be 18 years of age)		
Phone Number(s) and Best Time to Call		
Email Address		
Do you own or rent your home? If you rent your home, please provide name and phone number of your landlord, along with any breed or weight restrictions.		
Name, phone number, relationship and address for an Emergency Contact:		
List All Family Members in Household (Name and Relationship)	Age	List Any Medical or Allergy Conditions in Family Members

## LIST OF ALL HOUSEHOLD PETS

Name (if additional space needed please add at bottom of app)	Age	Species/Breed (if cat list indoor/outdoor, etc.)	Gender	Spayed or Neutered (Yes or No)	Vaccine Due Dates



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Do all of your personal pets get along?			
If you have other cats, do they go outside?		Are your cats declawed? (Y/N)?	
Veterinarian Name			
Veterinarian Address			
Veterinarian Phone Number			
<b>FOSTERING INTEREST AND EXPERIENCE</b>			
What cat(s) are you interested in fostering?			
Are you willing to foster nursing moms with kittens?			
Are you experienced in bottle feeding (describe)?			
How much experience have you had with rescue/shelter cats (none, a little, very experienced)?			
How many and what gender cat(s) can you foster at one time?			
What type of containment area is available for cat(s) that you foster?			
Describe what types of experience you've had with cats and for how long.			
Experience with other types of animals.			
Length of time you are willing to foster.			
Amount of time per day cat will be alone and where.		Are you willing to give medications for your foster? (Y/N)?	
Are you willing to take your foster cat to vet appointments? (Y/N)?		Do you drive or have access to transportation to take your foster to appointments? (Y/N)?	



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Your occupation and job title?	
Name of Personal Reference (knowledgeable about your care of pets)	
Personal Reference Phone Number	
Personal Reference Address	
Personal Reference Relationship	

## FOSTER AGREEMENT:

In the event that my foster becomes ill, or needs medical care, I will contact member of Klassy Kats of Butts County Corp immediately. If my foster passes away, I will immediately contact Klassy Kats of Butts County Corp for pick up in a timely manner. I agree to ensure that my foster is given any and all medications as given to me for the time my foster is in my care, and will keep records accordingly.

My home has a working smoke detector, and fire extinguisher (fully charged). I have provided Klassy Kats of Butts County Corp with an evacuation plan in the event of an emergency. In addition, I have been given a list of emergency contacts, including those of my local county and city emergency phone numbers.

My evacuation plan in case of emergencies (MUST be completed with names, addresses and phone numbers):

I am responsible for maintaining a clean and healthy environment for my fosters, including daily cleaning of my foster, their litter boxes, food bowls, and bottles. according to the Georgia State Animal Protection Act. I will be provided with all necessary food and supplies needed for the care of my foster by Klassy Kats of Butts County Corp. I will contact members of Klassy Kats in a timely manner to replenish needed supplies. I will maintain all equipment provided to me to use for my foster, and it will be returned to Klassy Kats at the end of the fostering period. I will maintain pest control in my home, and will be provided age-appropriate flea and worm medications necessary for my foster(s).

I am responsible for maintaining current vaccinations on my personal pet(s), and all of my personal pet(s) are spayed or neutered (unless approved by a board member of Klassy Kats). Any new personal pet(s) that I bring into my home will be reported as soon as possible to Klassy Kats. I agree to abide by my county's limits on pet(s), and have truthfully provided Klassy Kats with all of my personal pet(s) information.

I agree to a pre-approval home inspection at the time I begin to foster for Klassy Kats of Butts County Corp, and every 6 months after until such time as I no longer foster for their organization. At the time I no longer chose to foster or upon my termination as a foster for Klassy Kats of Butts County Corp, I will be provided a copy of my termination. All foster animals that I am responsible for will remain on my property until such time they are ready to return to Klassy Kats of Butts County, or Butts County Animal Control (as specified by Klassy Kats), and I will not move animals until Klassy Kats of Butts County is notified of the animal(s) movement.



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I agree to not foster for any other rescue organization/shelter, or to disclose information regarding my Klassy Kats of Butts County Corp fosters to other rescue organizations/shelters without the express permission from Klassy Kats of Butts County Corp for as long as I am a foster for the Klassy Kats of Butts County Corp organization.

I fully understand that this is a volunteer foster position and that I will not receive any money or other profit for my services. I agree to carry out all training and instruction I receive for my safety and better handling of the animals. I am aware that the animals I foster for Klassy Kats of Butts County Corp are mostly strays and have no history of medical conditions. I enter into this agreement with the Klassy Kats of Butts County Corp freely with the knowledge of the dangers and hazards involved in handling unknown animals. I fully release all involved entities from any liability and hold harmless Butts County and Klassy Kats of Butts County from any and all actions and liability. I acknowledge that Klassy Kats of Butts County Corp is not responsible for my medical care, or that of my family, as a result of injuries incurred by animals that I voluntarily foster in my home. All information above is true, and correct, to the best of of my ability.

All volunteers must be 18 years of age, and care of the foster animals will be supervised at all times with children under age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name