



## **PET FOSTER QUESTIONNAIRE**

**ALL CATS AND KITTENS THROUGH THIS PROGRAM ARE UNDER THE CONTROL AND RESPONSIBILITY OF THE SOCKS ORGANIZATION.**

Decisions regarding placement, transfer, adoption, or medical treatment shall be made by and through SOCKS authorized personnel only. *Any cat or kitten must be surrendered to SOCKS upon request by authorized personnel.*

Please sign and email completed application to [volunteer-admin@saveourcatsandkittens.com](mailto:volunteer-admin@saveourcatsandkittens.com) or mail it to SOCKS, Attention Foster Coordinator, 498 Carmel Drive, Ft. Walton Beach, FL 32547.

**APPLICANT'S INFORMATION.** Please print.

Date:	
First, Last, MI:	Age:
Home/Cell #:	
Email:	
Co-Applicant Name:	Age:
Co-Applicant Home/Cell #:	
Co-Applicant Email:	
Street Address:	
City/State/Zip	

**RESIDENT INFORMATION.** Please list any and all other occupants of the home.

Name	Age

How much time do you have to devote to fostering?
Who will have primary care of the cat/kittens?
Is anyone in your household allergic to cats? If yes, how will you cope with that?
What situations would you like to help with? Orphaned Kittens (Bottle Feeders) _____ Adult Overflow _____ Kittens with Mom _____ Socialization _____ Sick/Injured Cat _____

## CURRENT PET INFORMATION

Cat/Dog/Other	Age	Sex	Years With You	Sterilized Yes/No	Indoor or Outdoor?	Are vaccinations up-to-date?
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

Where will your foster cat or kittens be kept for initial quarantine, if necessary.

Are you able to transport your foster to the vet clinic?

How do you prefer to be contacted?

Email \_\_\_\_\_ Text \_\_\_\_\_ Phone Call (Daytime) \_\_\_\_\_ Phone Call (Evening) \_\_\_\_\_

I hereby give consent to Save Our Cats & Kittens, Inc. to use and reproduce my name, voice, and/or likeness of that of my pet/s in any advertising, programming, and/or promotion of SOCKS in any media. I also agree to hold harmless SOCKS, its agents, employees, directors, and insurance carriers from any and all claims, damages, and judgements which I may have now or in the future against SOCKS in all matters related to my service as a volunteer, including but not limited to, personal injury or illness.

I also understand that any cat or kitten(s) under this agreement *must be surrendered to SOCKS upon request by authorized personnel*. I understand that I may *not* participate in the breeding of any animal while under the care of Save Our Cats & Kittens, Inc.

In signing this statement, I further agree to abide by the policies and procedures of SOCKS during my time as a foster, and to serve at the discretion of SOCKS, conforming to all rules and regulations commonly applying to volunteers at SOCKS.

Applicant Signature:	Date:
Co-Applicant Signature:	
SOCKS Representative:	Date: