

# Action 4 Animals Hawaii

## Foster Parent Application

The following best suits the type of foster situation I am interested in:

**LEVEL ONE FOSTER PARENT:**

- Open to taking cats with greater needs, such as bottle babies, those with medical issues, or those who need more time and attention before moving to adoption or a Level Two Foster Parent.
- Ability to give vaccinations, do combo tests, and any additional medications (Action 4 Animals will provide support via mentors if needed)
- Also includes Level Two foster responsibilities, below.

**LEVEL TWO FOSTER PARENT:**

- Must have reliable transportation.
- Must be a good communicator and keep good records.
- Will have cats approximately 3-4 weeks or until ready adoption depending on clinic and adoption fair schedules.
- Cats will be in perceivably good health or only have minor known medical needs.
- Required to administer oral or topical medications.
- Required to deliver cats to spay/neuter clinics, Petco cubbies, and/or deliver and attend adoption events. Clinics and Adoption Events are held on weekends.
- Action 4 Animals will provide basic medications (dewormer, flea meds, vaccinations, combo testing, chip, and will cover spay/neutering cost), but foster parent is required to provide food, litter, toys, and a safe space for the cats.

Please answer all of the following questions. No answer disqualifies you.

They just give us a better idea of who would be a good foster fit for our organization.

Name: \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

How long have you lived at your current address? \_\_\_\_\_

Do you have any plans to move in the coming year? \_\_\_\_\_

What do you do for a living? \_\_\_\_\_

Tell us about any past fostering experience:

Do you have any prior experience fostering/caring for cats?

- Cats with behavioral issues
- Cats with medical issues
- Senior Cats - 10+ years
- Bottle Babies - 0-4 weeks
- Kittens 4-8 weeks
- Semi-feral cats requiring socialization

Skills:

- Giving injections
- Giving subQ fluids
- Tube feeding
- Giving enemas

Spouse/Partner Name, if applicable: \_\_\_\_\_

Number of children and ages in your household: \_\_\_\_\_

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What other animals are in your home? List type of animal, animal breed, age, sex, spayed or neutered, kept inside/outside, and length of time you have had them.

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How many hours per day are you typically away from home? \_\_\_\_\_

Do you own, rent, or live with parents/roommates? (Written permission may be required)

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What type of building do you live in? (House, condo, apartment, farm) \_\_\_\_\_

Will there be a separate room or area for the foster cats? Please describe:

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Will the foster cats have the run of the house? \_\_\_\_\_

Will you be able to keep the foster cats separate from your own pets if necessary?

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Have you had animals before? What kind? \_\_\_\_\_

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Is the space where you will keep the kittens escape proof, safe and secure?

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I have answered the questions on page 1 and 2 of this Foster Parent Application truthfully and completely. I understand that although Action 4 Animals Hawaii takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the health of an animal, behavior, or actions. I understand that the right to foster any animal for Action 4 Animals Hawaii may be withdrawn at any time. I understand that I receive foster care animals at my own risk and can reject or return any animal for which Action 4 Animals Hawaii has asked me to provide care. I indemnify and hold Action 4 Animals Hawaii 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.

Signature: \_\_\_\_\_

I understand my responsibilities as a Foster Parent and have asked any questions I might have. I feel prepared to take on the role of Foster Parent. I understand that continued participation in the foster program depends on my cooperation with expectations presented to me. I am to notify Action 4 Animals Hawaii if my foster pet shows signs of illness. Action 4 Animals Hawaii will determine the need for veterinary care. Any expenses for veterinary services obtained without Action 4 Animals Hawaii approval will be my responsibility. I understand that Action 4 Animals Hawaii is not responsible for any illness occurring or veterinary care required for foster parents' own pets.

Signature: \_\_\_\_\_

If I decide to adopt my foster pet, I must finalize this when they become adoptable, fill out all required forms, and pay the required fees to Action 4 Animals Hawaii (\$60) to cover provided medical supplies and support costs.

Signature: \_\_\_\_\_

I have reliable transportation and am willing to take my foster pet to and from spay/neuter clinics, adoption events, and other adoption opportunities as needed (typically occur on weekends). I understand that my foster pet is not to be given to anyone (or kept as my own pet) until authorized paperwork is complete and fees are paid. I understand that Action 4 Animals Hawaii is not responsible for any damage done by my foster pet to any of my property or my Landlord(s) property including, but not limited to flooring, furniture, people or other pets in my home.

Signature: \_\_\_\_\_

I will not allow unsupervised children to play with my foster pet, never let unrestrained pets around my foster pet and will ensure that the foster pet's surroundings are escape-proof. I understand that foster pets will not be confined to a cage or room outside my home. I will not let my foster pet have access to a doggy door, torn screen or open window. I will contact Action 4 Animals Hawaii if I notice any change in my foster pet's behavior, including: extreme lethargy, loss of appetite, breathing difficulty, green nasal secretions, lack of weight gain, death or escape of my foster pet. If I am renting I will have the approval of my Landlord(s). My own animals, over 6 months of age, have been altered. I agree to permit an onsite premises visit by a representative of Action 4 Animals Hawaii.

Signature: \_\_\_\_\_

Action 4 Animals Hawaii does have limited equipment available to foster parents on a loan-basis. I agree to return any borrowed equipment when my fostering responsibilities are complete or when they are no longer needed and in the condition it was provided. I may be asked to provide a credit card number when borrowing equipment.

Signature: \_\_\_\_\_

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This foster has been approved by Action 4 Animals Hawaii.

Signature of Action 4 Animals Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_