



**Garfield's Rescue, Inc.**  
PO Box 257  
Kilmarnock, VA 22482  
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www.garfieldsrescue.org  
garfieldsrescue@gmail.com  
GRI is a nonprofit 501(c)(3) organization

## FOSTER PARENT APPLICATION

Foster parents provide daily care for cats or kittens in their homes until placement for permanent adoption. Garfield's Rescue, Inc. (GRI) provides food, litter, and medications as needed, and covers all veterinary expenses. Complete the Foster Parent Application below. Please contact us if you have any questions. Thank you for volunteering and we look forward to working with you. The GRI Team

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you own? \_\_\_\_\_ Rent? \* \_\_\_\_\_ Other? (Please explain) \_\_\_\_\_

\*If you rent, do you have your landlord's permission to house a cat? \_\_\_\_\_ Yes No \_\_\_\_\_

Do all household members agree to your fostering cats/kittens? \_\_\_\_\_ Yes No \_\_\_\_\_

Do any family members have allergies to cats/kittens? \_\_\_\_\_ Yes No \_\_\_\_\_

Are there children in the home? \_\_\_\_\_ Yes No \_\_\_\_\_

If yes, what ages? \_\_\_\_\_

How many cats/kittens can you foster at one time? \_\_\_\_\_

What percentage of time will the cat(s) be left alone? \_\_\_\_\_

Where will the cat(s) be, when left alone? \_\_\_\_\_

What areas of the house will the cat(s) be allowed? \_\_\_\_\_

What other pets are in the house? \_\_\_\_\_

Are they spayed/neutered? \_\_\_\_\_ Yes No \_\_\_\_\_

Are they current on their vaccinations? \_\_\_\_\_ Yes No \_\_\_\_\_

List the name and telephone number of your veterinarian \_\_\_\_\_

\_\_\_\_\_

**Do You Have a Preference on what you would like to Foster?**

\_\_\_\_\_Yes No\_\_\_\_\_

If Yes, select all of the following options that apply:

\_\_\_\_\_Healthy adult cats (4-12-week duration)

\_\_\_\_\_Pregnant/Nursing cats (8-12-week duration)

\_\_\_\_\_Neo-natal kittens (2 to 3 weeks of age, requires bottle-feeding) (4-8-week duration)

\_\_\_\_\_Kittens (6-8 weeks of age) (2-8-week duration)

\_\_\_\_\_Young kittens (4-6 weeks of age, may require bottle-feeding) (2-8-week duration)

\_\_\_\_\_Injured or sick cats/kittens (1-12 weeks duration, may require medicating/changing bandages, etc.)

Are you willing to bring the cat/kitten(s) to a GRI. designated veterinarian for periodic checkups and vaccinations? \_\_\_\_\_Yes No\_\_\_\_\_

Are you willing to bring the cat/kitten(s) to an emergency clinic at night should they become ill?

\_\_\_\_\_Yes No\_\_\_\_\_

Are you willing to administer medications should the cat/kitten(s) require them?

\_\_\_\_\_Yes No\_\_\_\_\_

Are you willing and able to provide food and litter for your foster animal(s)?

\_\_\_\_\_Yes No\_\_\_\_\_

### **Waiver**

I recognize and understand the inherent risks associated with the care of cats, including but not limited to the possibility of injury to me or my property because of the unpredictable nature and/or provocation of cats. I understand that rescue cats may carry transmissible diseases which may be spread to my personal pets. I agree to take proper precautions to minimize these risks. I will not hold Garfield's Rescue, Inc. responsible for any illness to me or my personal pet or any other animal under my care because of cross contamination from a GRI kitty. I further understand that GRI carries no personal and/or liability insurance and that I should obtain such from a personal source should I require it.

In consideration of the mutual promises of the parties contained in this Waiver, or of the acts to be performed by either, the parties agree that I hereby knowingly and voluntarily waive any claims, damages or causes of action which I may have or incur against GRI, its officers, directors, agents and affiliates because of my donation of time and effort. Thank you!

This Waiver shall be binding upon the parties hereto, their heirs, assigns and legal representatives.

Foster Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_  
(if under 18 years of age)