



FELINE FOSTER CARE CONTRACT 2020



Thank you for your interest in FOSTERING a rescue feline. The document must be completed in black ink and all pages of this contract **must be initialled** and the last page must be signed and dated. Once completed, please return the contract to cattery@luckylucy.org.

FOSTER TERMS AND CONDITIONS

1.	In order to be considered as a foster guardian, you must: <ul style="list-style-type: none">• Be at least 18 years of age,• Have the knowledge and consent of all other parties staying in the same household you want to foster the cat to.• Have the necessary consent of a landlord if you are renting.• Be self-sufficient and have the financial means to support the animal in terms of feeding and parasite control.
2.	The Lucky Lucy Foundation reserves the right at any time during the foster process to decline an application, without explanation.
3.	All foster applications are subject to a home check performed by a person appointed by the Lucky Lucy Foundation.
4.	The Lucky Lucy Foundation reserves the right to make the “quality of life” decision, and to determine when it is the right time to euthanize a Lucky Lucy animal. The quality of animal’s lives is determined by their overall physical and mental well-being, not just one aspect of their lives.
5.	Disclaimer: Whilst every effort is made to ensure that all cats fostered out have tested negative for FEL-V and FIV we cannot be held responsible for the virus that is in the incubation period of 60 – 90 days. All cats that have been with us for longer than 90 days are retested to ensure their status.

FELINE APPLICATION FOR *(please complete the name(s))*

CAT (7 years and older)		CAT - SPECIAL NEEDS	
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PERSONAL INFORMATION

Applicant Information		Spouse/Partner Information	
Full Name & Surname		Full Name & Surname	
Identity Number		Identity Number	
Email Address		Email Address	
Cell Number		Cell Number	
Home Tel number		Relationship	
Home Address (Physical)			

Initials:

EMPLOYMENT INFORMATION FOR THE APPLICANT

Employer		Occupation	
Working Hours		Office Tel Number	
Business Address		Email Address	

RESIDENCE / ACCOMMODATION INFORMATION

Residence Type <i>(*Please mark ALL the appropriate block(s))</i>	Freestanding House <input type="checkbox"/> House in a Security Complex <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Small Holding <input type="checkbox"/> Living with parents <input type="checkbox"/> Rented Property <input type="checkbox"/> Own Property <input type="checkbox"/>		
In the case of a rented property do you have permission to keep animals on the property?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a pool/ large pond and is it covered or open?	YES <input type="checkbox"/> NO <input type="checkbox"/> Covered <input type="checkbox"/> Open <input type="checkbox"/> Fenced <input type="checkbox"/>
Is your property/complex fenced?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Type of Fencing?	Vibracrete <input type="checkbox"/> Steel <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Mix <input type="checkbox"/> Other <input type="checkbox"/>
Is the property close to a main road?	YES <input type="checkbox"/> NO <input type="checkbox"/>	What is the size of your property?	No Yard <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> More than 1 Hectare <input type="checkbox"/>
Is the volume of traffic in your street?	Heavy <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/>	The noise/activity level in your home is usually?	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>

FAMILY MEMBERS and OTHER MEMBERS CURRENTLY LIVING WITH YOU

Do you have Children?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Other Family members or housemates currently living with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name	Age	Known Allergies	Name	Age	Known Allergies

INFORMATION ABOUT YOUR CURRENT PETS IN THE HOUSEHOLD

Name	Age	Type of Animal <i>(Dog/Cat/Bird etc)</i>	Breed	Sterilised Yes / No	Time in your Care	Vaccinations up to date Yes / No
				YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

Initials:

Name	Age	Type of Animal (Dog/Cat/Bird etc)	Breed	Sterilised Yes / No	Time in your Care	Vaccinations up to date Yes / No
				YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

MORE INFORMATION ABOUT YOUR CURRENT PETS IN THE HOUSEHOLD

Where do your pets stay when you go on holiday?	Cattery <input type="checkbox"/> Friends or Family @ Home <input type="checkbox"/> Get a Petsitter <input type="checkbox"/> Take them with <input type="checkbox"/>		
Have you ever surrendered any of your pets to a shelter (past 10 years)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever rehomed any of your pets (past 10 years)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, please give short details.		If so, please give short details.	
Have any of your pets got lost recently (past 24 months)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have any of your pets died recently (past 12 months)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, please give short details.		If so, please give short details.	

YOUR VETERINARIAN'S INFORMATION

Practice Name		Business Tel number	
Vet's Name		Business Address (Physical)	

INFORMATION NEEDED FOR THE NEW FOSTER PROCESS?

Have you ever had an adoption/foster application rejected by another organisation?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, please provide details.	
Why would you like to foster this specific cat?			
What food will your cat be eating?	Friskies <input type="checkbox"/> Whiskas <input type="checkbox"/> Catmor <input type="checkbox"/> Hills <input type="checkbox"/> Royal Canin <input type="checkbox"/> Eukanuba <input type="checkbox"/> Iams <input type="checkbox"/> RAW <input type="checkbox"/> Acana <input type="checkbox"/> Orijen <input type="checkbox"/> Other <input type="checkbox"/> Please give more details :		
Where will the foster cat be sleeping	Only Inside <input type="checkbox"/> Only Outside <input type="checkbox"/> Outside & Inside <input type="checkbox"/>	On average how long will your foster cat be left alone during the day?	Between 0-5 hours a day <input type="checkbox"/> Between 5-10 hours a day <input type="checkbox"/> Longer than 10 hours a day <input type="checkbox"/>

Initials:

INFORMATION NEEDED FOR THE NEW FOSTER PROCESS

Would you be able to provide a scratch pole for your foster cat?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever had a cat declawed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
I prefer a cat that: <i>(check all that apply)</i>	Loves children and strangers <input type="checkbox"/> Can tolerate children and strangers <input type="checkbox"/> Loves other animals <input type="checkbox"/> Can tolerate all other animals <input type="checkbox"/> Loves birds <input type="checkbox"/> I don't care if he/she gets along with other animals, children or strangers <input type="checkbox"/>		
List the type of behavioral problems you consider not acceptable (meaning you wouldn't be willing to work on) to keep your foster cat?	Scratching my furniture or rugs <input type="checkbox"/> Litter box avoidance <input type="checkbox"/> Aggression towards people <input type="checkbox"/> Urine Marking <input type="checkbox"/> Aggression towards other animals in the household <input type="checkbox"/> Fear <input type="checkbox"/> Stress <input type="checkbox"/> Cats that scratch you <input type="checkbox"/> Cats that wake you up at night or too early to play <input type="checkbox"/> NONE <input type="checkbox"/>		

SURVEY *(Thank you for your time)*

Do you want to subscribe to our Newsletter?	Already subscribed <input type="checkbox"/> YES, please <input type="checkbox"/> NO, thank you <input type="checkbox"/>
Where did you hear about the Lucky Lucy Foundation?	Facebook <input type="checkbox"/> Internet (WEB) <input type="checkbox"/> Networking through email <input type="checkbox"/> From a Friend/Family/Colleague <input type="checkbox"/> Other <input type="checkbox"/> Please give more detail : _____ _____

DECLARATION

I hereby declare that all the information provided in this contract is true to the best of my knowledge and belief.	YES <input type="checkbox"/> NO <input type="checkbox"/>
In the case where any of my current pets are not sterilised, I hereby agree to sterilise them prior to accepting the new foster cat into my home.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I hereby agree that I will be responsible for providing the following: Food (the same as his/her dietary requirements at the moment or as advised by a registered veterinarian; Monthly flea treatment from a Vet or Vetshop (NO flea treatment from a Supermarket is allowed); Quarterly deworming from a Vet or Vetshop (NO deworming treatment from a Supermarket is allowed)	YES <input type="checkbox"/> NO <input type="checkbox"/>
I agree to inform the Lucky Lucy Foundation within 7 working days in case any of my contact details (including physical address) should change.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I hereby declare that I will not use the animal in any illegal activities.	YES <input type="checkbox"/> NO <input type="checkbox"/>

DECLARATION (continue)

<p>I hereby agree that if I ever need to relinquish the animal during its time in my care, I will contact the Lucky Lucy Foundation should he/she need to be returned. I hereby declare that I will never sell, give the animal away or hand it down to another family member or individual or any other welfare organisation (including the SPCA and AACL). I also agree that the fostered animal(s) are the exclusive property of the Lucky Lucy Foundation and that this Foster Care Agreement transfers no ownership rights.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I understand that the Lucky Lucy Foundation will pay for all authorised medical expenses as required, provided that the expenses are incurred after prior consultation with the Lucky Lucy Foundation, and only at the vet as authorised by the Lucky Lucy Foundation and at their discretion.</p> <p>I hereby agree to immediately inform the Lucky Lucy Foundation of any medical assistance (emergency or other) that the cat may be in need of and further agree to transport the animal to the vet as authorised by a Lucky Lucy representative.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I understand that all the animal's annual vaccinations will be done by either the Lucky Lucy Foundation at our home or at a veterinary practice of the Foundation's choice and with the necessary preapproval.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I hereby agree to allow the Lucky Lucy Foundation permission to do unannounced follow-up home checks for the time that the animal is in my foster care.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I agree that the Lucky Lucy Foundation has the right to confiscate any animal that is being fostered at any time without approval and at their discretion, should matters arise that contradict the agreement of the foster contract.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I agree that if I refuse or fail to comply with any provision of this agreement, the Lucky Lucy Foundation has the right to terminate this agreement and has the right to immediately collect the animal(s) that I'm currently fostering. I further consent to provide the Lucky Lucy Foundation access to my premises if necessary to facilitate the return of the animal(s).</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>If at any point I can no longer, or do not want to continue to, provide care and shelter for my foster animal, I agree to contact the Lucky Lucy Foundation immediately and arrange for the return of the foster animal back to the Lucky Lucy Foundation.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I agree that this document is considered a legally binding contract between the Lucky Lucy Foundation and myself and any violation of this agreement could result in a legal liability.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>I agree that I will inform the Lucky Lucy Foundation immediately when a quality of life decision needs to be made regarding my foster animal.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Signed on this _____ day of _____ **2020** at _____.

Signature of Applicant

**Please ensure that all pages of this Foster Contract are initialed and the last page signed.*

Initials: