



## NO PAWS LEFT BEHIND ANIMAL SHELTER

59 Hodges Cross Rd  
North Adams, MA 01247

[contact@nopawsleftbehindas.org](mailto:contact@nopawsleftbehindas.org)

### Foster Cat/Kitten Application

To be considered for fostering you must:

1. Be 21 years of age
2. Have the knowledge and consent of all adults in your household
3. Have verifiable identification
4. Have landlord's consent to keep an animal on the property (if applicable)
5. Have a separate space for the animal away from your animals
6. All your animals in the home are rabies vaccinated
7. Understand that No Paws Left Behind has the right to deny your application

Willing to Foster:

Date: \_\_\_\_\_

- Kittens (with mom if able)
- Cat with special needs/medical care needs
- Cat with behavioral issues
- Senior cat

#### Personal Information

Applicants Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

What do you currently live in? House \_\_\_\_\_ Apartment \_\_\_\_\_ Other \_\_\_\_\_

Do you own or rent? Own \_\_\_\_\_ Rent \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your landlord allow cats? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

#### Home Situation

Why do you want to foster a cat/kitten? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

What are the ages of the children? \_\_\_\_\_

Will there be children the cat will be exposed to that don't live with you? Yes \_\_\_\_\_ No \_\_\_\_\_

Ages: \_\_\_\_\_

Is your house busy? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there other pets in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Have these pets lived with other cats/dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

Where will the animal be left during the day/night? \_\_\_\_\_

Who do you plan to watch the animal if you go away? \_\_\_\_\_

Where will you keep this foster animal to be separated from yours? \_\_\_\_\_

Are you willing to transport the cat/kittens as requested by the shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain any limitations on the length of time you might need \_\_\_\_\_

\_\_\_\_\_

Pet History

Is this your first experience with an animal? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you fostered before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

Please list any animal you now own or reside at your address (please include former pets within the last 5 years, that may no longer be with you):

Animal's Name	Animal & Breed	Spayed/ Neutered	Still own?	If not, why?	Owned for how long?

References

What is the name of your veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Particular Veterinarian \_\_\_\_\_

If the pet is not listed under you, please provide the name on the record \_\_\_\_\_

Please provide the names of two people we may contact as a personal reference. These references should not reside with you. Only one of your references may be a family member.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

It may take some time before you are contacted regarding the need for a foster home. All cats/kittens remain the property of No Paws Left Behind, Inc. and must be returned at the shelter's request. The animals may not be sold, given away or promised during the duration of the foster agreement and shall be returned to the shelter as requested by management for veterinary care, clinics, and adoption.

I/we do hereby acknowledge that any false or knowingly omitted statement on this form may constitute rejection of this application. I give my veterinarian permission to release any vet care records and information about my current and past pets to No Paws Left Behind, Inc. I also give No Paws Left Behind, Inc. permission to maintain contact with me by home visit and/or telephone calls and emails. I understand that this application is the property of No Paws Left Behind, Inc. and that they have the right to deny my request to adopt.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date