



purrfect paws, inc.  
 purrfectpaws@wamego.net  
 www.purrfectpawskansas.org

# FOSTER

Thank you for contacting Purrfect Paws, Inc. We love to place our special felines with committed individuals willing to foster. Please complete the following to expedite the process.

Name: \_\_\_\_\_ Age \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Type and number of felines \_\_\_\_\_ Kitten \_\_\_\_\_ Adult \_\_\_\_\_ Senior \_\_\_\_\_ Special Needs \_\_\_\_\_  
 Caretaker's Veterinarian \_\_\_\_\_  
 Caretaker's Veterinarian's Address: \_\_\_\_\_  
 Caretaker's Landlord Name, Address & Phone Number \_\_\_\_\_  
 Caretaker gives Purrfect Paws, Inc. permission to call Landlord. Yes \_\_\_\_\_ No \_\_\_\_\_  
 Caretaker gives Purrfect Paws, Inc. permission to call veterinarian at any time. Yes \_\_\_\_\_ No \_\_\_\_\_  
 Caretaker's other pets (names, ages, breeds) \_\_\_\_\_

Caretaker's other pets who are neutered/spayed or if no, why? Please circle appropriate response.

*No other pets*

*Yes, all our pets are spayed/neutered*

*Our pets are not neutered/spayed because:* \_\_\_\_\_

Why do you want to foster a feline and how are you prepared to meet any special needs? \_\_\_\_\_

Will the feline be left alone for periods of time? Yes \_\_\_ No \_\_\_ If yes, how will needs be addressed? \_\_\_\_\_

Please describe the area where the foster feline will be kept. \_\_\_\_\_

## Foster Caretaker agrees to:

- a. provide feline(s) with the required amount and type of organic food and care as specified by Purrfect Paws and appropriate for the feline,
- b. provide adequate shelter and clean water to meet the needs of feline(s),
- c. provide appropriate discipline as defined by Purrfect Paws,
- d. consult with and gain permission from Purrfect Paws Director prior to seeking health care,
- e. utilize veterinarians designated by Purrfect Paws,
- f. grant authorized Purrfect Paws unlimited access to the property where feline(s) is/are located to insure the above conditions are met,
- g. follow through with scheduled feline appointments and transportation for services,
- h. complete required feline training and continuing education classes required by Purrfect Paws,
- i. release information from professionals providing services, and
- j. authorize Purrfect Paws to reclaim both possession and ownership of feline(s) if Foster Caretaker fails to follow through with this agreement thus constituting a breach of contract, is unable for what ever reason to care for feline(s), and/or post intuitive readings indicate an inappropriate match.

All supplies, food and services costs/fees are assumed by Purrfect Paws as long as the contract is honored.

Date: \_\_\_\_\_ Caretaker Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Purrfect Paws Representative Signature: \_\_\_\_\_