

Today's Date: _____

Return Completed Application to:
House of Mews Rescue
PO Box 241251
Cleveland, Ohio 44124
houseofmewsrescue@gmail.com



Foster Home Application

Thank you for your interest in becoming a foster parent for House of Mews Rescue. Foster homes save hundreds of lives every year.

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____ Best time to reach you by phone: _____

Email Address: _____

Emergency Contact Name & Phone #: _____

How did you hear about House of Mews Foster Program? _____

How many Adults reside in the home? _____ Are there children in the home? _____

If yes, what are the ages of the children? _____

Does anyone in the home suffer from pet allergies? _____ If yes, please describe: _____

Is everyone in the house in agreement to foster? _____

Is there any time of year that you will be unable to provide foster care? _____

If yes, please describe: _____

What types of animals have you lived with or had experience with in the past? (Circle all that apply)

CATS KITTENS DOGS PUPPIES OTHER: _____

What pets currently reside in the home? _____

Do you have an area where you could isolate foster animals from other pets? If yes, please describe: _____

Are all of your pets up to date on vaccinations? _____

**While it is not mandatory that your animals be up to date with vaccinations and that you isolate foster animals for a minimum 7-10 days, it is highly recommended because HOM cannot guarantee the health or disposition of any foster animals. In most cases, we do NOT have any past medical history on foster animals. However, all foster animals are given an initial medical evaluation, vaccines, de-worming, and flea treatment when they enter our rescue and before going to foster homes.*

Are your pets spayed/neutered? _____ If not, describe: _____

Current Veterinarian's Name/Clinic: _____ Phone Number: _____

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Have you been a foster volunteer before? If yes, please describe your experience:

What kind of animals are you willing to foster? (Circle all that apply)

Adult cats Pregnant cats Mother Cat & kittens Kittens Bottle baby kittens (unweaned)
Injured animals recovering from surgery Shy or under socialized animals

Are you able/willing to provide the following for your foster animal? (Circle all that apply)

Food Litter Crate Transportation Other: _____

Where will your foster cat(s) be kept? _____

Always use a foster home for unweaned kittens. These babies require round the clock care as they need to be bottle fed every couple of hours. We could provide training.

Are you interested in fostering unweaned kittens? (Circle your preference below)

Yes No

How many hours a day would your foster animal(s) be alone? _____

Would you object to a HOM representative coming to your home to check on a foster animal while in your care? _____

Is there anything special we should know about you and your home? _____

Do you have any other questions, comment, concerns? _____

Foster Agreement



I hereby acknowledge the following policies and agree to abide by them during the entire time I am fostering these animals. I will provide a safe, loving, humane environment with adequate food, water and shelter at all times. I will not declaw, crop ears, or crop tail(s) of foster pet(s). I will adhere to all state and local animal laws and all foster animals will wear a collar with identification. I will promptly notify HOM of any signs of illness, behavioral issues or concerns, an inability to continue foster, if the pet becomes lost, and/ or if the pet bites someone.

I understand that my role is solely a temporary home, and that the placement of any animals I foster will be conducted by House of Mews Rescue. HOM must review and approve potential adopters.

Animals cannot be transferred to the custody of another person, shelter, humane society, or other entity without prior consent and permission of HOM. I agree not to place this pet in another home without the written or verbal authorization from HOM, whether it be temporary or permanent.

I will remember in all my dealings with the public as a foster volunteer that I represent HOM, and the public will consider my words and actions to be representative of the attitudes and positions of HOM as an organization. I understand that as an individual, I am not authorized to enter into any agreements for HOM.

I read and understand the HOM mission, and will not undertake any actions that could be considered inconsistent with the mission.

I understand that I am personally responsible for any and all financial expenses that I incur in my efforts to foster animals for GHS. I accept full responsibility for any expenses incurred by me that fall outside of approved expenditures. I will always remember that I represent a nonprofit organization and in no way can profit from any activity related to the organization.

I understand I assume all financial responsibility for the foster animal(s) if I take them to any veterinarian other than HOM.

I understand HOM cannot guarantee or be held responsible for the temperament, behavior, or health of foster animals that I may handle. I am aware that foster animals may cause damage to my personal property, other pets, and humans. I will keep animals securely contained at all times while in my care.

I understand that it is my decision to foster animals for HOM. I will not hold HOM liable for any damage, injury, or harm caused directly or indirectly through my fostering activities with HOM.

I will maintain a level of confidentiality regarding foster animals and their situations.

HOM reserves the right to reclaim the animals and I may be asked to leave the foster program if I am no longer able to support the mission of HOM, comply with the terms of this agreement, or provide proper care for the animals. Upon request of HOM, I will return the animal(s) to the shelter within 24 hours or less.

I understand and agree to all of the above and support the mission of HOM. I understand that this form must be received, approved, and acknowledged by HOM before I may do any volunteer work for the organization, and that HOM reserves the right to refuse my application.

By signing below, I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to HOM Foster Care Program.

Signature: _____

Date: _____

House of Mews Representative's Signature: _____