SNAP FOSTER APPLICATION
SPAY NEUTER ASSISTANCE PROGRAM

EMAIL: SNAPOFPA@HOTMAIL.COM
WEBSITE: https://www.snapofpa.org/
FB: https://www.facebook.com/SpayNeuterAssistanceProgram
FORM SUBMISSION: Adoptions@SNAPofPA.org

FIRST NAME: _____

LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

BEST WAY TO REACH YOU? CELL/ TEXT/ EMAIL/ HOME PHONE

DRIVER'S LICENSE NUMBER: _____ STATE: _____

DATE OF BIRTH: _____

FOSTERS ARE VITAL TO OUR ORGANIZATION AS THEY PROVIDE LOVING CARE FOR OUR RESCUED KITTIES.
WE ARE SO GRATEFUL THAT YOU ARE INTERESTED IN PROVIDING A FOSTER HOME FOR OUR CATS IN NEED!
PLEASE SHARE THE REASON FOR YOUR INTEREST IN FOSTERING FOR SNAP AND ANY RELATED OR PREVIOUS EXPERIENCE.

_____

_____

** I submit that all statements made in this application are true and correct to the best of my knowledge and are made for the purpose of my application to foster one or more animals through the Spay Neuter Assistance Program (SNAP) organization.

Are you are currently fostering for another organization? _____
(If so, specify which organization) _____

Number of rescued cats/kittens you can foster at any given time. #_____

Preferences/Restrictions (Ex: adult cats, kittens, bottle babies):
_____

How many adults/children under 18 live in your home, including yourself. What is your relationship to them? Specify ages of children under 18.

_____

_____

Are you able to foster until adoption or moved to an adoption facility? _____

Please list all pets you currently have, including name(s), age(s) and species for each and specify if all are spayed/neutered and up to date on Rabies and Distemper (FVRCP) vaccines?

_____

Please provide the name and phone number of your Veterinarian and be sure to contact them to authorize the release of your information to SNAP.

_____

Have you ever lost or surrendered a pet? If yes, please explain below. YES/NO

_____

Do you own or rent your home? _____ If you rent, we will contact your landlord.

Please provide Landlord's name and phone number: _____

Are you able to provide food, litter and other routine items for the cats/kittens in your care? (Based on supply donations we may be able to help but inventory changes frequently) _____

Are you able to transport your foster to routine (vaccination protocol/spay neuter surgery) and emergency vet appointments?
_____

I understand that, if approved, I will need to be aware of the following:

- SNAP will provide protocol guidelines, routine medications/treatments, and age-appropriate vaccinations. You agree to follow all.
- SNAP may require a home visit prior to approval to foster with us.
- At times, a separate space in which to quarantine new fosters kitties for 14 days before introducing them to your household will be required.
- Your personal pets must be kept up to date on rabies and distemper (FVRCP) vaccines for their protection and flea free.
- SNAP will handle the listing of your foster kitties, but you must provide photos and information to SNAP for social media online advertisement.
- You will be 100% responsible for the safety and care of the SNAP rescue kitties in your care.

By submitting this application to Spay Neuter Assistance Program, Inc,
I certify that the information provided by me is true and correct to the best of my knowledge and belief,
and I consent to verification of all information provided on this application.

_____ _____

Signature Date