



Paws Protect Fostering Application Form

Personal

Date:					
Name:					
Date of Birth:					
Email Address:					
Address:					
Telephone No. Daytime:		Evening:		Mobile:	
Do you have access to a car?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any allergies?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes what?					

Employment/Voluntary Work

Are you currently working in either paid or voluntary employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On average how many hours will the Paws Protect Project cat be left alone?		

Household Members

How many adults are there in your household?	
How many children are there in your household?	
Please state the children's ages	
Please remember that children are not to be left unsupervised with the cat. Supervision is required at all times.	
Does anyone in your house have a disability, chronic health issue or immune compromised? <i>*This will enable us to match an appropriate cat to suit your family circumstances</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please give the names of any other people who live in the property with you.	
Name:	
Relationship:	
Are they in agreement to the fostering of Cats Protection CATS	

Yes No

Property

Do you own your own property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, are you allowed to have a cat in your accommodation under the terms of your tenancy agreement? (we will need to see a copy of your agreement and/or a letter from your landlord giving permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be able and prepared to keep any foster cat permanently indoors if required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Animals

Do you have any other cats or dogs? <input type="checkbox"/> Yes I am sorry we are not able to accept you as a fosterer on this scheme. <input type="checkbox"/> No please continue
List any other animals you have:
Please give details of previous experience with cats if any:
Please give name and address of any Veterinary practice you have been registered with for any previous animals you may have owned?
Do you give permission for us to contact the above veterinary practice? <input type="checkbox"/> Yes <input type="checkbox"/> No

General

What qualities do you have that you feel would be important to being a good volunteer foster carer?

Would you be happy to administer medication and follow any veterinary instructions?
Please do not leave animal medication within the reach of children. This must be kept in a safe and secure place. Children are not permitted to administer/to help administer any medication to the cat.

Oral

Tablet

Injection

Sometimes through no fault of their own, cats from families where there is domestic violence may be traumatised. Please could you tell us if you would be prepared to cope with the following problems should they arise:

** Advice would be on hand from our veterinary department and behaviourist*

A cat wetting and/or soiling in the house

Furniture being scratched/clawed

A cat being very timid or aggressive:

Eventually, the cat will be returned to its owner. Understandably, this may be traumatic for you if you have had the cat for several months. Have you thought about this and are you prepared for it?

Please add any further information which you feel may be relevant:

Data Protection Notice

We store your details on computer for administration purposes but will not keep them longer than necessary. We may use your details to support the work of the charity and/or to contact you about our products or services. Under the Data Protection Act, you are entitled to a copy of all the information, which we hold about you although we are entitled to ask you to pay for this. We may share information with other carefully selected companies or our trading subsidiary.

We may from time to time send you updates about our work.
If you want to receive further communications from the charity, please tick the box.

Offers from carefully selected companies may be made to you.
If you would like to receive these, please tick the box.

To receive communications by email, please tick the box and provide a valid email address.

For monitoring purposes please could you tell us how you found out about this voluntary opportunity?

If you found out about the project via a newspaper advert, please quote the reference in the space provided.

Reference _____ / _____

Office Use Only

Application process:	<input type="checkbox"/> Form completed		
Tenancy agreement checked?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agreement of other people in property?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vet reference obtained?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Able to transport cat?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant understands cat behaviour i.e.: scratching/soiling		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of cat/cats able to take?	<input type="checkbox"/> Single	<input type="checkbox"/> Pair	<input type="checkbox"/> Family
Type of cat willing to take?	<input type="checkbox"/> S/H	<input type="checkbox"/> L/H	<input type="checkbox"/> Oriental
Home visit	<input type="checkbox"/> Yes	Date:	
Application Passed	<input type="checkbox"/> Yes	Signature	
	<input type="checkbox"/> No—reason why	
		Date	

Please return the completed application form to
Paws Protect Project Co-ordinator
Cats Protection
Freepost SEA4333
Haywards Heath
RH17 7ZY
OR
Email: pawsprotect@cats.org.uk
Telephone: 0345 260 1280

Reg Charity 203644 (England and Wales) and SC037711 (Scotland)