



Helping You Help Homeless Cats

THE CAT NETWORK ADOPTION REFERRAL PROGRAM FOSTER PARENT APPLICATION

Please print and complete and mail it to:

**The Cat Network, Inc.,
P.O. Box 347228
Miami, FL 33234-7228**

As a participant in the Cat Network (CN) Adoption Referral Program (ARP), I commit to the following:

1. To house animals in my care that are listed with the CN ARP under sanitary conditions, and to provide appropriate food, clean water, and shelter for all animals in my care.
2. To provide appropriate routine veterinary care for listed animals, including regular vaccinations.
3. To keep my fostered felines that are listed with the CN ARP strictly indoors, and segregated from any indoor/outdoor, untested, Feline Leukemia (FeLV) positive and Feline Immunodeficiency Virus (FIV) positive cats. In addition, to keep them separate from any other felines that come in contact with indoor/outdoor, untested, FeLV+ and FIV+ animals.
4. To maintain accurate and up-to-date medical records for all felines I have listed with the CN ARP.
5. To deworm, deflea and treat all animals for any other parasites or fungal infections prior to listing. To make adequate provisions to ensure that listed animals continue to be free of parasitic infestations and fungal infections, including but not limited to fleas, ticks, mange, ear mites, intestinal parasites and ringworm.
6. To test all felines for FeLV and FIV and to vaccinate with the FVRCP (or FVRCCP) prior to listing. Rabies vaccine must be given if the animal is 4 months or older. Booster shots must be administered in accordance with the CN Vaccination Protocol.
7. To foster all kittens until they are at least 8 weeks of age prior to placement.

8. To spay and neuter all listed animals by the age of 4 months, or prior to listing if 4 months or older. To spay or neuter all animals that are 3 months or older prior to adoption, unless a veterinarian certifies sterilization is not medically advisable at that time.
9. To collect a \$50 deposit, payable to Cat Network, from the adopter should I place any kitten under the age of 3 months prior to sterilization (or a kitten for which a vet has certified sterilization is not medically advisable at the time of adoption), and to follow up to ensure the animal is sterilized by the age of 4 months.
10. To list all felines with the CN ARP before showing them by calling the adoption line (call 305/255-3482 x2) or e-mailing the information to kiwi4u123@yahoo.com, providing the animal's name, description, month/year of birth, gender and whether or not it is sterilized.

I have read, understand and agree to the requirements listed above. I understand that should I fail to meet these requirements at any time, my animals may be removed from the CN ARP and/or my membership may be suspended. In addition, I understand CN reserves the right, at the sole discretion of the Board of Directors, to require a home visit by an authorized CN representative for my continued participation in the CN ARP.

Signed: _____

Date: _____

Name: _____

Phone: _____

Address: _____

Cell: _____

City, State, Zip: _____

E-mail: _____