



Foster Application

Foster Preferences:

What age cat would you like to foster?

- Adult Cat 1yr+
- Special Needs Cat
- Mother cat with newborn kittens
- Orphaned newborn kittens (requires around-the-clock care and supervision)

Would you be willing to care for a foster cat that is ill and/or needs medication or is disabled in some way?

- Yes No

Are there any specific requirements you have for a foster cat, i.e., temperament, age, gender, etc.?

- Yes No

If so, please describe below:

Do you feel you could foster more than one cat at a time?

- Yes No

How long would you be able to foster a cat?

- Up to one week
- Up to two weeks
- Up to one month
- As long as needed
- Other _____

Would you be willing to serve as an emergency foster care provider for short periods of time (between one and five days)?

- Yes No

How many hours during the day will the foster cat be left alone?

Where will the foster cat be kept when you are out?

Where will the foster cat be kept while you are at home and at night?

What experience do you have with cats?

Do you have any fostering experience? If so, please explain (including type, breed, sex, age, etc.).

Would you be willing to transport the foster cat to vet appointments?

Yes No

Will you be able to keep the foster cat separate from your own animals at least for the first two weeks and possibly for the entire foster period?

Yes No

Realizing that fostering is a short-term, temporary arrangement, will you be able to part with the foster cat when he/she is ready to go back to the shelter or to a permanent home?

Yes No

Pet Information:

Please list all pets currently part of your household:

Type	Breed	Sex/Age	Vaccinations Up To Date	Spayed/ Neutered?

Have you had any other pets in the past five years not listed above?

Yes No

If so, please describe what happened to each of these pets?

Do any of your personal pets have special needs?

Yes No

If so, what are the special needs and how are they treated?

Do any of your current cats spend any time outdoors?

Yes No

Do you think that your pet(s) will get along with a foster cat?

Yes No

Why or why not?

Your Household

List members of your household (begin with yourself):

Name	Relationship	Age	Agrees w/Fostering?

If there are any young children in your household, what steps would you take to protect both the child and the foster cat?

Who will be responsible for the day-to-day care of the foster cat?

Do you live in:

- Single family home
- Townhome
- Condominium
- Mobile home
- Apartment

If you rent an apartment or home:

Name of Community: _____

Owner or Mgmt Company: _____

Phone #: _____

Do they allow pets?

- Yes No

Is there a limit on the # of pets?

- Yes No

Pet deposit required?

- Yes No

Have you paid the pet deposit?

- Yes No

Please tell us why you want to foster, what you would like to get out of the program, and what the Foster Coordinator and the Foster Care Counselors can do to help you have a successful fostering experience.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____

Work Telephone Number: _____

Cellular Telephone Number: _____

E-mail address: _____