



CatNap
from the
Heart

FOSTER APPLICATION

CONTACT INFORMATION (Please print)

FULL NAME _____ DATE _____
ADDRESS _____ CITY _____ ZIP _____
HOME PH: (____) _____ WORK PH: (____) _____
CELL PH: (____) _____ EMAIL: _____

PLEASE COMPLETE THE FOLLOWING:

Do you rent/own/or live with parents/roommates? _____
How many: Adults in the house? ____ Children/Ages _____
Home Environment: ____ Family oriented ____ Chaotic ____ Noisy ____ Fast Paced
____ Moderately Active ____ Quiet ____ Relaxed ____ Retired

Please list all current pets in your household:

	Name	Type	Breed/Description	Age	Time Owned
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Who is responsible for daily care of the above pets? _____

Who will be responsible for the daily care of the foster pet? _____

How many hours will the foster pet be without human companionship?

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

What vet do you use (name & phone) _____

Where will the foster pet(s) be kept? Please check all applicable rooms.

____ Bedroom ____ Bathroom ____ Kitchen ____ Laundryroom ____ Basement ____ Attic
____ Familyroom ____ Livingroom ____ Other(describe) _____

Are you willing and able to buy supplies for the foster pet? Yes No Maybe

Are you willing and able to take the foster pet to the vet? Yes No Maybe

Can you commit to 1 to 3 months of care for the foster pet? Yes No Maybe

Which of the following would you be willing to foster: Check all that apply.

____ Mom & Kittens ____ Unweaned Kittens ____ Adult Cat ____ Senior Cat
____ Weaned Kittens ____ Ill or Injured Kitten ____ Ill or Injured Adult Cat
____ Other (bird, hamster, guinea)

Do you have experience in the following procedures? Please check all that apply.

Giving: ____ Oral Meds ____ Eye Meds ____ Ear Meds ____ Subcutaneous Fluids

____ Force Feeding ____ Bottle Feeding ____ Assisting in birthing of kittens

____ Raising an unweaned kitten ____ Wound Care ____ Other _____