



## Foster Application

### Contact Information (Please Print)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt Tel: \_\_\_\_\_

Email: \_\_\_\_\_

### Please complete the following:

Are you employed? \_\_\_\_\_ Employed:  Full time  Part time

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Do you rent/own/live with parents/roommates?

\_\_\_\_\_

How many: Adults in the house? \_\_\_\_\_ Children/Ages \_\_\_\_\_

Environment:  Family Oriented  Chaotic  Noisy  Fast Paced  
 Moderately Active  Quiet  Relaxed  Retired

### Please list all current pets in your household:

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

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

\_\_\_\_\_

Hours foster will 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 that apply*

- Bedroom    Bathroom    Kitchen         Laundry room  
 Basement    Attic         Family room    Living room

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

**Foster Preference:** *Check all that apply*

- Mom & Kittens    Unweaned Kittens    Adult Cat         Senior Cat  
 Weaned Kittens    Ill or Injured Kitten    Ill or Injured Adult Cat    Other

**Experience:** *Please check all that apply*

- Oral Meds         Eye Meds     Ear Meds    Subcutaneous Fluids  
 Force Feeding    Bottle Feed    Assisting in birthing of kittens  
 Raising an unweaned kitten    Wound Care     Other \_\_\_\_\_