



CAT FOSTER

HOME CHECK DATE: _____
 CONDUCTED BY: _____

Your Name _____
 Profession _____
 Phone _____ cell home business
 Phone _____ cell home business
 Email _____
 Address _____

Who are you interested in fostering? adults nursing mothers & kittens
 special medical needs bottle baby kittens
 special socializing needs weaned kittens

How many cats/kittens are you interested in fostering? one two three four five +

Do you have any previous fostering experience? yes no

If yes, with whom? _____

Do you have any previous experience as an animal owner? yes no

Do you have any pets currently? yes no

If yes, please list: (Name, species, age)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Do you have any cats who are: FIV positive FeLV positive

Type of home you live in: house apartment townhouse other: _____

Where do your current pets live? indoors outdoors indoors and outdoors

Do you have room to isolate fosters for 1-2 weeks? yes no

How many hours would your fosters be without human companionship on average? _____

Other people who live in your household:

Name, relationship, age: _____

Name, relationship, age: _____

Name, relationship, age: _____

Name, relationship, age: _____

Can you transport fosters to and from the rescue for vaccines and adoption days? yes no

Please list any limitations you may have: _____

Please list any other information that will be helpful to your application: _____

How did you hear about us? _____

I hereby certify that the above information is true and correct.

Signature _____ Date _____