



## Feline Foster Care Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

What are you interested in fostering? Check all that apply.

- Bottle baby kittens
- Weaned kittens over 4-5 weeks old
- Mom with kittens/Pregnant moms
- Special needs – medical
- Special needs – timid

Do you have experience caring for bottle babies?  Yes  No

Have you fostered animals before?  Yes  No

What pets do you currently have?  Cats  Dogs  Others  None

Are there children in the home?  Yes  No Ages: \_\_\_\_\_

Are your pets spayed/neutered and current on vaccines?  Yes  No

Are you able to keep the fosters separate from your personal pets if necessary?  Yes  No

Are you willing to assume the risks and responsibilities that come with fostering?  Yes  No

Have you fostered animals before?  Yes  No

If so, with what organization(s): \_\_\_\_\_

May we contact them?  Yes  No

*I certify that all of the above information is true and accurate regarding my abilities and situation as a foster parent.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_