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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 Other 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 foster animals separate from your personal pets if necessary? Yes No

Are you willing to assume the risks and responsibilities that come with fostering? 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: _____