**Foster Home Application (Cats)**

Thank you for your interest in becoming a volunteer foster home for kittens or cats. Community Spay-Neuter Clinic relies on volunteer foster homes – one of our most critical needs. Once we have received your application, we will contact you to discuss foster parent opportunities with you.

**Foster Home Application**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 21 years of age or older? Yes No

Is everyone in the home in agreement with fostering a rescued animal? Yes No

Number of adults in home: Number of children: Ages of children:

Are you willing to teach young children the proper care and treatment of this animal? Yes No

Is anyone in your home allergic to cats? Yes No

Have you ever fostered an animal before? Yes No If yes, for whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly tell us why you would like to be a foster parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your Current Residence is a(n) (check one):

House \_\_\_\_\_\_\_\_\_\_\_ Apartment\_\_\_\_\_\_\_\_\_\_\_ Townhouse/Condo\_\_\_\_\_\_\_\_\_\_\_ Mobile Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own or rent this residence? Own Rent

Do you own any pets now? Yes No

If Yes, how many of each type? Cats \_\_\_\_\_\_\_\_\_\_ Dogs \_\_\_\_\_\_\_\_\_\_ Other Pets\_\_\_\_\_\_\_\_\_\_

If you have Dogs what breeds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are your present pets spayed or neutered? Yes No

Are your present pets current on all vaccinations? Yes No

Do any pets have health issues? Yes No If Yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a separate room where you could temporarily isolate or slowly introduce a foster cat to your home? Yes No

Name of your current veterinary clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A home visit may be required prior to approval of fostering. Will you permit a home visit by a Community Spay-Neuter Clinic representative? Yes No

I am interested in fostering: (check all that apply)

Shy or poorly socialized cat \_\_\_\_

Kitten (6 weeks - 6 months) \_\_\_\_

Pregnant Cat\_\_\_\_

Young Adult Cat Litter of Kittens\_\_\_\_

Adult Cat (3 years+)\_\_\_\_Nursing Kittens with mother\_\_\_\_

Senior Cat (7 years+)\_\_\_\_Bottle Fed Kitten\_\_\_\_

Special Needs\_\_\_\_FeLV or FIV positive\_\_\_\_

Emergency Foster Only\_\_\_\_

**If you have traveled or have been sick in the last 3 weeks, or if you or a close contact are sick at the time of your appointment, do not come in. You may email csncfoster@gmail.com at any time to reschedule.**

Thank you for applying to become a foster parent. Our Foster Home Coordinator will be in touch with you soon.

FALSIFICATION OF ANY OF THE ABOVE INFORMATION IS GROUNDS TO DISQUALIFY YOUR APPLICATION.

I Verify the above information to be true.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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