



CAT/KITTEN FOSTER APPLICATION

Tell Us About Yourself

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____

When are you available to start fostering? _____

Why do you want to foster? _____

Have you ever fostered for another organization? If so, which organization and when? _____

Where do you live? House Condo Apartment Trailer Student Housing Military Housing Other _____

Length of residency: _____ Do you plan on moving in the next 1-2 months? _____

Do you: Own Rent Live with Parents/Relative Live with Friends Other _____

If rent, list landlord's name/phone number: _____

If live with parents/relative/friends, list homeowner's name/phone number: _____

Tell Us About Your Household

How many people live in your home? _____ Do children under 18 live there? Y N

If yes, list their ages and if they are there full or part time _____

Do you have any health conditions that could restrict your ability to care for your fosters, either now or in the future? If yes, please explain: _____

Who will be responsible for your fosters? _____

Are you or any members of your household allergic to cats? Y N Unknown

How many hours per day will your fosters be without human companionship? _____

Tell About Your Pets

Do you currently have any pets? If so, please fill in the chart below:

Species (Cat or Dog)	Breed	Name	Age	Sex	Fixed	Declawed	Current on Shots/Vet Visit
					Y N	Y N	Y N
					Y N	Y N	Y N
					Y N	Y N	Y N
					Y N	Y N	Y N

Have your cats been tested for FeLV and FIV? Y N Are they indoor, outdoor, or both? _____

Please list your veterinarian's name and phone number _____

If you do not have a vet reference, please list two personal references that can describe your experience with pets:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Have you ever surrendered an animal to a shelter or rescue? Yes No

If yes, to whom was the animal surrendered and what were the circumstances? _____

Tell Us About Fostering

Do you agree to a home visit from a CCAS representative before and during the fostering process? Yes No

Please select the types of fosters you are interested in. Circle as many as apply:

Bottlefeeding kittens Pregnant cats Young kittens Adult cats Cats/kittens in need of socialization Sick cats/kittens

Do you have any special criteria for a foster that would live at your residence (age, sex, activity level, etc)? If yes, please explain _____

How long are you willing to keep a foster cat/kitten? _____

What will you feed your fosters? _____

Are you able to keep your fosters indoors at all times? If no, please explain _____

Have you prepared your foster room and yourself to handle such issues as scratching, clawing, vomiting, urination, and defecation? _____

What expectations do you have from CCAS during the foster period? _____

Are you able to bring your fosters to CCAS at least every two weeks for routine vet care and possibly more frequently if they need constant medical treatment? _____

If necessary, are you able to give your fosters oral or topical medication? _____

Are you able to monitor your fosters for signs that they need medical attention, like diarrhea, vomiting, dehydration, lethargy, etc? _____

I declare that I have accurately completed this foster application, and that if any of the information given on my application is discovered to be inaccurate to the best of my knowledge, I must immediately return my foster animal(s) to the care of CCAS. I acknowledge that I have received a copy of the Camden County Animal Shelter Foster Agreement, I have thoroughly read through it, and I understand all of my rights and obligations to CCAS and the animal(s) that I am fostering.

Print name

Signature

Date

Print name

Signature

Date

For Internal Use:	
Date Application Received by Foster Coordinator:	_____
Vet check results:	_____
Landlord check results:	_____
All family members in agreement:	_____
APPROVED/DENIED by	_____
	Date _____