



## Cat/Kitten Foster Care Application

Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ First Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Do you:      Own      Rent      Other \_\_\_\_\_

If you rent, name and number of landlord: \_\_\_\_\_

How many members in the household?     \_\_\_\_\_ adults     \_\_\_\_\_ children/ages \_\_\_\_\_

Who will be responsible for foster animal(s) care? \_\_\_\_\_

Have you ever adopted from FVHA before?      Yes      No

Have you ever brought an animal to FVHA?      Yes      No

Are you currently a volunteer at FVHA?      Yes      No

Please check the animals that you have experience/knowledge and the space to foster care:

- Cats with URI            Cats without URI  
 Orphan Kittens        Mom Cats with Kittens  
 Orphan Puppies        Injured Animals

Many animals that need foster care are sick and need treatment. Can you give medication?

Yes      Pills      Liquid      No

Where will the animal be kept during the day? \_\_\_\_\_

Where will the animal be kept at night? \_\_\_\_\_

Do you have a separate room for foster animal?      Yes      No

How often do you plan on cleaning the area? \_\_\_\_\_

Do you plan on letting cats/kittens outside?      Yes      No

How long will the foster care animal be left alone? \_\_\_\_\_ Hours

How much time do you plan to spend with the foster animal? \_\_\_\_\_

**Current Pet Information** - Please list current and other pets you have owned in the past **five (5)** years.

Type of Animal	Pet's Name	M/F	Spay/Neuter	Kept Where?	Age	Still Have?	Why Not?
_____	_____	___	<input type="radio"/> Yes <input type="radio"/> No	In Out	___	_____	_____
_____	_____	___	<input type="radio"/> Yes <input type="radio"/> No	In Out	___	_____	_____
_____	_____	___	<input type="radio"/> Yes <input type="radio"/> No	In Out	___	_____	_____
_____	_____	___	<input type="radio"/> Yes <input type="radio"/> No	In Out	___	_____	_____

Are all above animals current on vaccinations?  Yes  No

Please provide a veterinary reference:

\_\_\_\_\_ Area Code/Phone \_\_\_\_\_

Please provide two **non-related** references

Name \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Many animals could be in foster care for 2 months or more. Would you be willing to keep your foster care animal(s) that amount of time?  Yes  No

\_\_\_\_\_ You may have to release veterinary records (Initial)

\_\_\_\_\_ We can investigate the items stated in this application (Initial)

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

***For Office Use Only***

Reference \_\_\_\_\_

Reference \_\_\_\_\_

Vet Reference \_\_\_\_\_

Follow up with Foster Chair Person  Yes  No

Landlord, Condo, Mobile Home Manager Approval:  Yes  No

\*\*\*  **Approved**  **Pending**  **Denied** \*\*\*