

FELINE FOSTER APPLICATION

Caring Fields Felines

The information provided on this application will enable CFF to find the most satisfying fostering experiences for you. Please be sure to complete all sections of the profile completely.

NAME (PRINT): _____

ADDRESS: _____

Street

City

State

Zip

PHONE: Home _____ Cell _____

EMAIL ADDRESS (PRINT): _____

Do you live in a _____ house _____ apartment _____ condo _____ mobile home

Do you _____ own _____ rent

Provide landlord name and phone number if applicable: _____

Number of adults in your home: _____ Number of children in your home: _____

Ages/gender of children: _____ boys _____ girls

Have you ever had the following as a pet: _____ kitten _____ cat

Complete the following information regarding your current pet(s)

| Type of Animal | Spayed/Neutered? | Date of last vaccination | Age |
|----------------|------------------|--------------------------|-----|
| | | | |
| | | | |
| | | | |

Describe any previous foster experience you have had: _____

Have you had any pets die or become lost in the past year? _____ No _____ Yes

If yes, please describe the circumstances: _____

Do you understand that you must commit to the duration of the fostering period without interruption for travel, etc.? _____ No _____ Yes

How many hours a day will the foster cat/kitten(s) be left alone: _____

Who will be the primary caretaker for the foster cat/kitten(s): _____

How will your current pet(s) interact with your foster cat/kitten(s): _____

Where will the foster cat/kitten(s) be kept during the day? _____
At night? _____

Do you understand that foster cat/kitten(s) must stay indoors during the duration of their foster time _____ Yes _____ No

Do you have an indoor space to confine the foster cat/kitten(s) (spare room, crate, laundry room, etc.) _____ Yes _____ No

How do you feel about a decision that a cat/kitten you are fostering or had fostered might need to be euthanized to relieve suffering due to untreatable health problems? _____

| | Yes | No |
|---|-----|----|
| Are you able to administer medication? | | |
| Would you like to care for a cat/kitten that has recently been spayed or neutered? | | |
| Would you like to foster a mother and her litter of kittens? | | |
| Would you like to foster a weaned litter of kittens? | | |
| Would you like to foster an orphaned litter of kittens who require around-the-clock bottle feeding? | | |
| Are you able to transport a foster cat/kitten(s) to the vet for care upon request? | | |
| Do you understand that fostering is a temporary situation? | | |

Veterinary Reference (name and phone number): _____

Personal Reference (name and phone number): _____

I understand that the animal(s) I am fostering are still the property of Caring Fields Felines and that any and all potential adoptions must be made through CFF. I will not place any animal in my care into an adoptive home that is not approved by Pauline Glover. I further confirm that the information provided is correct. I understand that a brief home visit may be required before participation can be approved. I also understand that training and support will be provided to me. I understand that all veterinary care must be pre-approved by Pauline Glover or a member of the Board of Directors.

Signed: _____ Dated: _____