Foster Family Information Sheet

Thank you for volunteering as a foster family for the (Organization’s Name). Please take a moment to answer the following questions, which will provide information that will help us place cats/kittens in appropriate foster homes.

# Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact and best available hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently fostering for another organization besides (Organization’s Name)? \_\_\_\_\_\_\_\_\_

**Household Information**

### Number of adults in the household\_\_\_\_\_\_\_\_\_\_ Ages: Female\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_\_\_

Number of children in the household\_\_\_\_\_\_\_\_\_ Ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there other cats in the household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, how many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they up to date on all of their vaccines? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there dogs in the household? \_\_\_ If yes, how many? \_\_\_\_\_\_\_\_Breed(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they up to date on all of their vaccines? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your household. For example: is it quiet, is there a lot of activity, etc.?

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**General Fostering Information**

Are you interested in fostering (check all that apply):

Pregnant cats\_\_\_\_\_ Nursing cats/kittens\_\_\_\_\_ Orphaned kittens\_\_\_\_\_

Cats with special needs\_\_\_\_\_ FIV+ cats\_\_\_\_\_ Sick and/or injured cats\_\_\_\_\_\_

Bottle-feeding orphaned kittens\_\_\_\_

Do you have experience bottle-feeding kittens? \_\_\_\_

Are you interested in learning to bottle-feed? \_\_\_\_\_\_

Please list previous experience with those areas you checked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have experience socializing feral kittens? If so, briefly describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If fostering a Mother and her kittens, or orphaned kittens, how long are you willing to do so?

Until kittens are 10 weeks old\_\_\_\_\_ As long as needed\_\_\_\_\_ Until they are adopted\_\_\_\_\_

Where will the cat(s) be housed? (We generally recommend an isolated space, such as a spare bedroom, den, laundry room, or bathroom – especially for pregnant or nursing cats.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours a day can you spend with the cat(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to (please check all that apply):

\_\_\_\_\_ Transport the cat(s) to our vet, located in (City or Neighborhood), as needed?

\_\_\_\_\_ Allow adoptive families to visit your home and meet the cat(s) for possible adoption?

\_\_\_\_\_ Take pictures and have those readily available to our website coordinator?

\_\_\_\_\_ Have a (Organization’s Name) volunteer come to your home to take pictures of the cat/kitten(s)?

\_\_\_\_\_ Write a description about each cat/kitten(s)?

\_\_\_\_\_ Give vaccines to cat(s) and/or kittens?

\_\_\_\_\_ Learn to administer vaccines?

Do you understand that in order to play an active role in the placement of the cat/kitten(s), you must work in collaboration with a qualified (Organization’s Name) adoption counselor to ensure that the new home meets our guidelines? \_\_\_\_\_