



## Foster Home Form

Would you enjoy the companionship of cats or kittens, but can't take on the responsibility of permanent ownership right now? Would you like to be able to teach your kids the joys and responsibilities of caring for a pet? If you can answer "yes" to any of these questions and live in the **Allegheny, Beaver, or Butler County areas of Pennsylvania**, we would love to welcome you into our foster parent family.

### What do you need to do?

Our foster parents provide daily care for cats or kittens in their homes until they are ready to be placed for permanent adoption. FosterCat will provide food, litter, medications, as needed, and will absorb all veterinary expenses associated with our kitties. Take a few minutes to complete the Foster Parent Application below. One of our volunteers will contact you to provide more details about our foster program and answer any questions you may have.

### Please provide the following information:

Name \_\_\_\_\_

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

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

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

E-mail \_\_\_\_\_

PA Driver's License # \_\_\_\_\_ Exp. date (MM/YY) \_\_\_\_\_

How long have you lived at this address? (ie. 3yrs, 6mos) \_\_\_\_\_

### Select all of the following options that apply:

- Healthy adult cats (4-12 week duration)
- Pregnant/Nursing cats (8-12 week duration)
- Neo-natal kittens (2 to 3 weeks of age, requires bottle-feeding) (4-8 week duration)
- Kittens (6-8 weeks of age) (2-8 week duration)
- Young kittens (4-6 weeks of age, may require bottle-feeding) (2-8 week duration)
- Injured or sick cats/kittens (1-12 weeks duration, may require medicating/changing bandages, etc.)

**Do all household members agree to your fostering animals?**     Yes     No

**Do you own or rent your home?**     Own     Rent

*(If you rent, we will need to verify that you are allowed to have pets.)*

**Would you be agreeable to having a FosterCat, Inc. representative meet with you at your home prior to taking foster animals into your home?**     Yes     No

**During the day, are you:**     at work (full-time)     at work (part-time)     at home

**If you work away from home and wish to foster young kittens, would it be possible for you to take the animals to work with you?**     Yes     No

**Do you have prior experience with the type of foster care you are willing to provide?**     Yes     No

Are you interested in having an experienced FosterCat, Inc. representative as a mentor (someone you can call with questions or advice)?  Yes  No

Are you willing to bring the animal(s) to a FosterCat, Inc. designated veterinarian for periodic checkups and vaccinations?  Yes  No

Are you willing to bring the animal(s) to an emergency clinic at night should they become ill?  Yes  No

Are you willing to administer medications should the animal(s) require them?  Yes  No

Do you have pets of your own?  Yes  No

If yes, what kind and how many? \_\_\_\_\_  
\_\_\_\_\_

Are you able to keep foster animals separate from your own animals?  Yes  No

Are your own pets currently spayed/neutered and vaccinated?  Yes  No

Who is your regular veterinarian? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing and able to attend a training class on a weeknight or weekend prior to fostering?  Yes  No

Would you be agreeable to being listed as one of our "emergency" foster homes (should an animal come into FosterCat, Inc. unexpectedly with no foster care immediately available)?  Yes  No

Are you willing and able to provide food and litter for your foster animal(s)?  Yes  No

How did you hear about the FosterCat, Inc. program? \_\_\_\_\_  
\_\_\_\_\_

Please use this space for any other information or comments you may want to share with us: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please mail to:**

FosterCat, Inc  
P.O. Box 23414  
Pittsburgh PA 15222-6414