



# APPLICATION FOR FOSTER CARE VOLUNTEER

## PERSONAL INFORMATION

Applicant name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Home email \_\_\_\_\_ Work email \_\_\_\_\_

I can show identification showing present address

I am at least 18 years of age

## TYPES OF FOSTER CATS

What type(s) of cats are you willing to foster? Check all that apply:

- Adult       Mom with litter       Kittens       Bottle feeding kittens  
 Special needs       Feral cat       Feral kitten

## HOME INFORMATION

How would you describe your home?

- Apartment     Condo     Farm     Mobile home     Townhouse     House

Do you:  Own     Rent

How long have you been at your current address? \_\_\_\_\_

You would describe your home environment as:  Active  Quiet  Other

Do you have space in your home where the cats can be kept isolated from family pets?  Yes  No

Describe the location(s): \_\_\_\_\_

Name(s) of other adult(s) in the household: \_\_\_\_\_

Name(s) of child(ren) in the household: \_\_\_\_\_

## CURRENT COMPANION ANIMALS

Do you have any companion animal(s) living in your home?  Yes, describe below  No

Name	Breed	Age	Spayed/Neutered	Kept	Time in your care
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Both	

Are your companion animals up to date on their vaccinations?  Yes  No

Veterinarian name: \_\_\_\_\_

Veterinarian phone: \_\_\_\_\_

Have you ever had a cat in your home diagnosed with Panleukopenia?  No  Yes, when? \_\_\_\_\_

Do you currently have a cat in your home that is diagnosed with FIV?  No  Yes

Do you currently have a cat in your home that is diagnosed with Feline Leukemia?  No  Yes

---

## OTHER INFORMATION

Is there anything else you would like to share with us?

---

---

---

---

By signing this form, I acknowledge that all the information on this form is true and correct. I understand that any misrepresentation of fact may result in Whiskers TNR refusing fostering privileges to me. If my request is approved and later Whiskers TNR discovers the above information is not true or correct, Whiskers TNR reserves the right to remove foster cat(s)/kitten(s) from my home/farm.

Signature \_\_\_\_\_ Date \_\_\_\_\_