**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:**

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>_____________________________________________________________________________________________</td>
</tr>
<tr>
<td>City</td>
<td>_____________________________ State ___________ Zip __________________</td>
</tr>
<tr>
<td>Home Phone</td>
<td>________________________________________ Work Phone __________________________________________</td>
</tr>
<tr>
<td>E-mail</td>
<td>____________________________________________________________________________________________________</td>
</tr>
<tr>
<td>PA Driver’s License #</td>
<td>_____________________________ Exp. date (MM/YY) ___________________</td>
</tr>
<tr>
<td>How long have you lived at this address? (ie. 3yrs, 6mos)</td>
<td>_____________________________</td>
</tr>
</tbody>
</table>

**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