Cat/Kitten Foster Application

Name:       Date:

Street Address, City, State, Zip:

Please check which phone # is preferred: [ ]  Cell Phone:       [ ]  Home Phone:

Email:

**Have you ever fostered an animal before? [ ]** Yes [ ]  No If yes, please tell us about your experience.

# **Household Information**

We welcome fosters who rent or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on numbers of pets and/or require pet deposits or additional fees. Even though you are not the legal owner of the foster pet these requirements usually still apply. We suggest contacting your landlord/management company to ask permission as well as go over these restrictions and fees BEFORE fostering a pet.

**Are you able to separate foster pet from your other pets?** [ ]  Yes [ ]  No

**Are you willing to allow potential adopters to come to your home to visit the animal?** [ ]  Yes [ ]  No *If no, you will need to bring the animal back to the shelter within time specified.*

**Tell us about members of your household:**

# of Adults: **# of Seniors:       # of Children:**

**Ages of Children:**

**Tell us about pets at home (check all that apply):**

NFSAW suggests ensuring all current pets are up to date on vaccines before bringing foster pet into your home.

**Please list your current pet(s) breed, age and sex:**

# **Foster Type**

**Please check all that you would be interested in fostering:**

[ ]  Bottle babies (1 – 5 weeks old) [ ]  Underage self-feeding kittens (4 – 8 weeks old)

[ ]  Adoption age kittens (8 weeks – 6 months) [ ]  Pregnant mothers [ ]  Nursing mothers with kittens

[ ]  Adult (6 months – 8 years) [ ]  Senior (8+ years

**Would you be willing to foster or learn to foster cats/kittens with the following needs?**

[ ]  Shy, fearful, or timid cats/kittens that need to be socialized [ ]  Feral pregnant or nursing mothers

[ ]  Cats/ kittens with medical needs, issues or recovering from injury or illness (medicine may need to be administered)

**Should my fostering situation not be considered in the best interest of the animal(s), NFSAW has the right to remove the animal(s) from my home. I understand that the animal(s) belong to NFSAW and is not to be given away or promised to anyone without prior approval from a NFSAW representative.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:**

**If you are emailing this application, please type your name as your electronic signature:**