

**Cat Rescue and Adoption Services**

Web: [www.safemeow.com](http://www.safemeow.com)

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Phone: (519) 803-4737

SaFeMEOW



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**FOSTER APPLICATION**

Date: \_\_\_\_\_

**Foster Information**

Name (s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Questionnaire**

Why do you want to foster? \_\_\_\_\_

\_\_\_\_\_

What do you believe is involved in fostering? \_\_\_\_\_

\_\_\_\_\_

What age of cat are you willing to foster? (check all that apply)

Baby (bottle feeding) ~ 0-4wk

Baby (weaning) ~ 5-8 wk

Young Kitten ~ 8-12wk

Kitten ~12wk- 1 year

Adults ~1yr-8yrs

Seniors ~8yrs +

Are you willing to foster any of the following?

special medical needs

diabetics

palliative care

post op recoveries (ie. recovery from a spay)

unsocialized

Are you willing to do any of the following (with proper direction and instructions from Registered Veterinary Technician)

- |  |  |
|--|--|
| <input type="checkbox"/> bottle feed                 | <input type="checkbox"/> administer topical medications                  |
| <input type="checkbox"/> bathe                       | <input type="checkbox"/> administer injectable medications (ie. insulin) |
| <input type="checkbox"/> administer oral medications | <input type="checkbox"/> nail trims                                      |
| <input type="checkbox"/> cleaning ears               | <input type="checkbox"/> special feeding (ie. syringe)                   |

Have you ever fostered before? \_\_\_\_\_

If YES. When, for who and what kind of animal? \_\_\_\_\_

Do you own animals? (If yes please answer below)

Name/Species/Breed	Age	Spayed/Neutered?	Vaccines	Will this animal interact with your fosters?
<i>Eg. Fluffy/Dog/Poodle</i>	<i>4yr</i>	<i>Spayed</i>	<i>Rabies Oct 2017 Da2PP July 2017 Bdt July 2017</i>	<i>Yes</i>
<i>Eg. Danko/Cat/Maine Coon</i>	<i>3yr</i>	<i>Neutered</i>	<i>Rabies Oct 2017 FVRCP April 2017</i>	<i>Yes</i>

Do you have a secure and secluded area where the foster(s) can stay? (ie. bedroom)

\_\_\_\_\_

Where do you plan to house/keep the cat(s)? \_\_\_\_\_

\_\_\_\_\_

Is everyone in the home aware and onboard with fostering? \_\_\_\_\_

What is the maximum length of time you would be willing to foster an animal for? \_\_\_\_\_

How long will the animal be left home alone daily? \_\_\_\_\_

Are you willing to buy wet food and litter or will you need this to be provided? \_\_\_\_\_

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What experience do you have with cats? \_\_\_\_\_

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Do you have any of the following?

\_\_\_ cat bed    \_\_\_ litter box    \_\_\_ toys

How many people live in the home? \_\_\_\_\_

Any children in the home? \_\_\_\_\_

Who will be responsible for the cats care? \_\_\_\_\_

Is your home secure (ie. no way for cat to get outside through windows or doors) ? \_\_\_\_\_

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What would you like to gain from fostering? \_\_\_\_\_

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Other comments: \_\_\_\_\_

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I have answered this application honestly and to the best of my ability. I have not omitted any information.

Signed \_\_\_\_\_

Please submit completed application to [safe.meow@gmail.com](mailto:safe.meow@gmail.com) – it may take 24 hours for a response.