



CatNap  
from the  
Heart

## FOSTER APPLICATION

### CONTACT INFORMATION (Please print)

FULL NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PH: (\_\_\_\_) \_\_\_\_\_ WORK PH: (\_\_\_\_) \_\_\_\_\_  
CELL PH: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING:

Do you rent/own/or live with parents/roommates? \_\_\_\_\_  
How many: Adults in the house? \_\_\_\_\_ Children/Ages \_\_\_\_\_  
Home Environment: \_\_\_\_\_ Family oriented \_\_\_\_\_ Chaotic \_\_\_\_\_ Noisy \_\_\_\_\_ Fast Paced  
\_\_\_\_\_ Moderately Active \_\_\_\_\_ Quiet \_\_\_\_\_ Relaxed \_\_\_\_\_ Retired

Please list all current pets in your household:

	Name	Type	Breed/Description	Age	Time Owned
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Who is responsible for daily care of the above pets? \_\_\_\_\_

Who will be responsible for the daily care of the foster pet? \_\_\_\_\_

How many hours will the foster pet be without human companionship?

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

What vet do you use (name & phone) \_\_\_\_\_

Where will the foster pet(s) be kept? Please check all applicable rooms.

\_\_\_\_ Bedroom \_\_\_\_ Bathroom \_\_\_\_ Kitchen \_\_\_\_ Laundryroom \_\_\_\_ Basement \_\_\_\_ Attic  
\_\_\_\_ Familyroom \_\_\_\_ Livingroom \_\_\_\_ Other(describe) \_\_\_\_\_

Are you willing and able to buy supplies for the foster pet? Yes No Maybe

Are you willing and able to take the foster pet to the vet? Yes No Maybe

Can you commit to 1 to 3 months of care for the foster pet? Yes No Maybe

Which of the following would you be willing to foster: Check all that apply.

\_\_\_\_ Mom & Kittens \_\_\_\_ Unweaned Kittens \_\_\_\_ Adult Cat \_\_\_\_ Senior Cat  
\_\_\_\_ Weaned Kittens \_\_\_\_ Ill or Injured Kitten \_\_\_\_ Ill or Injured Adult Cat  
\_\_\_\_ Other (bird, hamster, guinea) \_\_\_\_\_

Do you have experience in the following procedures? Please check all that apply.

Giving: \_\_\_\_ Oral Meds \_\_\_\_ Eye Meds \_\_\_\_ Ear Meds \_\_\_\_ Subcutaneous Fluids  
\_\_\_\_ Force Feeding \_\_\_\_ Bottle Feeding \_\_\_\_ Assisting in birthing of kittens  
\_\_\_\_ Raising an unweaned kitten \_\_\_\_ Wound Care \_\_\_\_ Other \_\_\_\_\_