

Cat Network Foster Application

Name: _____ Date: _____

Address: _____ City/Zip: _____

Phone #s: Home: _____ Work: _____ Cell: _____

Email address if applicable: _____ Area of town you live in: (south, west, city, etc.) _____

Children? _____ Ages: _____

Pets? _____ Types & Ages: _____

Have you had cats in the past? If you have young children, have they lived with a cat? Are there any allergies?

Are all cats in your household tested for Feline Leukemia and Feline Aids?

Are all animals in your household spayed or neutered?

Are animals in your household up to date on vaccinations?

Have you had any past or current cases of FIP with your cats? Ringworm? Other contagious feline illness?

Are cats in your household?

Indoor only

Outdoor only

Mixture of both

If Mixture, check which apply:

Have free roam of fenced in yard

Have free roam of property

Have dog run

Are confined to enclosed area, or on leash only

Are dogs in your household?

Outdoor only

Mixture of indoor/outdoor

Have free roam of neighborhood

Method of flea control? _____

Do you have any veterinary or health care training?

If so, please list details: _____

Are you comfortable giving animals medication (not vaccinations)?

Are you willing to learn to give medications or vaccinations?

Do you have a vehicle available to you at all times to transport cats? Do you have a valid driver's license?

Have you ever fed newborn animals? (not required) If so, have you: bottle fed syringe fed tube fed

What kind of newborn animals? _____

Would you be willing to teach whichever of the above you marked to other foster parents?

Do you have an area to quarantine your foster cats for an initial period after acceptance?

Will they routinely remain isolated from or be mixed with your personal population? _____

To help us schedule our food orders and appropriate forms to send you, would you need foster cat food & litter reimbursement:

routinely occasionally

(Also, we frequently have donated food & litter that we distribute out to our foster parents and volunteers as well)

Would you prefer to foster (please check as many as you are interested in):

newborn kittens young kittens older kittens/young adults adults only declawed cats only

pregnant mothers nursing mothers

cats that have special needs or with disabilities (have you had experience in this?

Do you have a time limit you can commit to foster each cat? (2 weeks, 6 months, until adoption, until shelter built, etc.) _____

What animal groups have you volunteered with in the past? _____

What animal groups are you currently involved with? _____

The above information I have submitted is true to the best of my knowledge: (signature) _____

**Please mail this completed form to: The Cat Network P.O. Box 318, St. Louis, MO 63025
Thank you! A volunteer will be contacting you soon.**