



Cat Foster Home Application

Thank you for your interest in becoming a Foster Home for our cats/kittens. Completing this application is the first step to a rewarding and fulfilling endeavor to rescue and save local cats/kittens in need. We would appreciate your answers to the following questions so that we may make the best possible match for you, your family, your lifestyle, and the cat/kitten. It is very important to us and the welfare of the cat/kitten that we find the correct home. All the information is kept confidential. Submission of this application does not guarantee that you will qualify as a foster home. Incomplete applications or misrepresentation of any facts on this application are grounds for refusal.

Date of Application _____ Full Name _____

Spouse's Full Name _____ Email _____

Physical Address _____

City _____ State _____ Zip Code _____ County _____

Phone (h) _____ Cell _____ Work _____

Spouse's Cell _____ Work _____

Date of Birth _____ Place of Employment _____

What hours do you work _____ Spouse work hours _____

How much time will the cat/kitten likely spend alone each day? _____

Does anyone in your home have pet allergies? ____ If yes, please explain _____

Please List the names and ages of all people residing in your house

Name & Age

Your Home and Yard

Do you live in a house, apt, condo etc.? _____ Own or Rent? _____

How long have you lived there? _____ If under 2 years, give previous address _____

What type of area do you live in? City _____ Suburb _____ Rural _____ Other _____

If renting, does your rental agreement permit pets? _____

Landlord's name, address & phone number (Required) _____

Where will the cats litter box be kept? _____

Where will the cat/kitten spend time when left alone? _____

Where will the cat/kitten sleep at night? _____

***All Foster cats/kittens MUST BE KEPT INDOORS ONLY!**

Care and Socialization of the Cat/Kitten

Who will provide most of care for the cat/kitten? _____

Is your family willing to work with a new cat/kitten on any issues that he/she may have? _____

What behaviors would you have a hard time dealing with? (circle all that apply)

Dominance – Stubborn – Quiet – Clawing on Furniture – Aggression – Nervous or Shy

Aloof – Too energetic – Too friendly – Biting – Submissive traits – Noisy

Playing too rough with children – Needs too much time and exercise

Your Animals:

Please list any animals you currently have:

Name	Type of Animal	Age	M/F	S/N	Indoor/Outdoor
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

***On heartworm preventive?** _____ **Flea Preventive?** _____

Name & Phone Number of your Veterinarian? _____

May we call your Vet and ask how you take care of your animals? _____

If no, Why? _____

If you currently do not have a cat, how long since you had one (if ever)? _____

Have you ever gotten rid of any pets and where did you take them? _____

Please list all other animals you have owned in the last 10 years that you no longer have:

Name	Type of Animal	Age	M/F	S/N	Indoor/Outdoor
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Other Information:

How did you hear about us? _____

Have you ever applied to foster/adopt from us? _____ If so, when? _____

Will you allow a SPCA rep to visit your home? _____ If no, why? _____

Do you have general knowledge of the basic needs and care for a cat/kitten? _____

Do you have experience fostering cats/kittens? _____

Are you willing to commit between a few weeks to a few months until they are ready to be adopted?

Are you able to transport your foster cat/kitten to vet appointments and/or adoption events?

Personal References:

Name _____ Phone Number _____ Relationship _____

Address _____

Name _____ Phone Number _____ Relationship _____

Address _____

I hereby affirm that all the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to become a foster home for New Beginnings SPCA. New Beginnings SPCA reserves the right to reject any application. I authorize you to verify all information set forth in this application and to contact my personal references.

(Without your signature we cannot process this application)

Name _____ Date _____

PLEASE CONTACT YOUR VET AND LET THEM KNOW WE WILL BE CALLING. WITHOUT YOUR CONSENT, YOUR VET CANNOT RELEASE INFORMATION TO US.

Please print out and return the completed and signed application to:

New Beginnings SPCA – P O Box 1494 – Roseburg, OR 97470

or you may return to Roseburg Petco and we will pick it up as soon as we are available.