

Craig Street Cats Foster Home Application

Personal Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

1. Are you 18 years of age or older? **YES NO**
2. Do you live in a **House** or **Apartment** (please circle)
3. Do you **OWN** or **RENT** (please circle)
 - a. If renting, are animals permitted by the owner of the building? **YES NO**
 - b. Will you provide documentation proving that the owner has given permission for you to have pets on the property? **YES NO**
4. Do any children live with you or frequently visit your home? **YES NO**
 - a. Please list the children's ages: _____
5. Do you have access to a vehicle: **ALWAYS SOMETIMES NEVER** (please circle)
6. Personal Pet Information. Please list ALL animals that are currently part of your household:

Species	Name	Sex	Age	Spayed/Neutered	Date and type of last vaccination

7. Please list any pertinent medical or behavioral issues that the above animals have or have had: _____

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8. Why would you like to become a foster? _____

9. Have you ever fostered for another organization? If so, with whom? When?

10. Do you have experience administering medication to animals? If yes, please describe

11. Please indicate the type of fostering you are interested in:

Fostering options	Are you interested in this type of fostering? (please check)	Do you have experience with this type of cat/kitten? (please check)
Orphaned Kittens (bottle fed)		
Nursing mothers with kittens		
sick/injured cats/kittens		
Orphaned kittens (weaned)		
Pregnant cats		
Semi-feral or under socialized cats/kittens		

12. Do you have a spare room in which the foster will be kept? **YES** **NO**

Please describe the room/area _____

13. For how long would the foster cat be alone on a regular basis:(please circle)

Rarely 1-4 hours 4-8 hours 8 hours or more

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References

Vet Clinic Currently Used by Applicant: _____

Phone Number: _____

**Please note that the veterinary file must be in the applicants name.

Personal Reference: _____ Phone: _____

Personal Reference: _____ Phone: _____

Reference notes: _____

References checked by: _____

Please read the following carefully:

I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination of my volunteer status. I acknowledge that this application remains the property of Craig Street Cats. I Authorize CSC to conduct an on-site inspection of the premises where the animal will be fostered.

Signature: _____ Date: _____