



16-1421 St. James St.
Winnipeg, MB
R3H 0Y9
craigstcats.ca | 204 421-1919

Foster Home Application

A. Personal Profile

Name: _____ Home Address: _____
City: _____ Province: _____ Postal Code: _____
Home phone: _____ Work Phone: _____ Cell Phone: _____
E-mail Address: _____ Profession: _____

1. Are you 18 years of age or older?

Yes No

2. Housing Status (check all that apply)

House Apartment Townhouse/Duplex
 Rent Own

If renting, are animals permitted by your landlord?

Yes No

3. Do any children live in or frequently visit your home?

Yes No

If yes, please list their ages: _____

4. Do you have access to a vehicle?

Always Sometimes Never

5. Personal Pet Information

Please list **all** animals that are currently part of your household.

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

Please indicate any pertinent medical or behavioural issues that the above animals have or have had:

B. Becoming a Foster

1. Why would you like to become a foster?

2. Have you ever fostered for another rescue organization?

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

4. Please indicate the animals with which you have **previous** experience:

- | | |
|--|--|
| <input type="checkbox"/> orphaned kittens (bottle fed) | <input type="checkbox"/> orphaned kittens (weaned) |
| <input type="checkbox"/> nursing cats with kittens | <input type="checkbox"/> pregnant cats |
| <input type="checkbox"/> sick/injured cats | <input type="checkbox"/> semi-feral or under-socialized cats/kittens |

5. Please indicate which animals you are **interested** in fostering:

- | | |
|--|--|
| <input type="checkbox"/> orphaned kittens (bottle fed) | <input type="checkbox"/> orphaned kittens (weaned) |
| <input type="checkbox"/> nursing cats with kittens | <input type="checkbox"/> pregnant cats |
| <input type="checkbox"/> sick/injured cats | <input type="checkbox"/> semi-feral or under-socialized cats/kittens |

6. Do you have a spare room in which the foster animal will be kept?

- Yes No

Please describe the room/area: _____

7. For how long will the foster animal be alone on a regular basis?

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

C. References

Veterinarian: _____ Clinic: _____ Phone: _____

Personal Reference #1: _____ Phone: _____

Personal Reference #2: _____ Phone: _____

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: _____