

The Scratching Post

6948 PLAINFIELD ROAD, CINCINNATI, OH 45236 **(513) 984-6369**

TheScratchingPost.org

FELINE FOSTER CARE APPLICATION

Personal Into					
FIRST NAME:	LAST NAME:				
STREET ADDRESS:	CITY:	STATE:	ZIP:		
PHONE NUMBER:	_ EMAIL:				
What are you interested in fostering? Check	all that apply.				
Bottle baby kittens					
Weaned kittens over 4–5 weeks old					
Mom with kittens/Pregnant moms					
Special needs—medical					
Special needs—timid					
Do you have experience caring for bottle babies? Yes	No				
Have you fostered animals before? Yes No					
Are there children in the home? Yes No Ages:					
Are you able to keep the foster animals separate from your	personal pets if necessary?	Yes No			
Are you willing to assume the risks and responsibilities that	come with fostering? Yes	s No			
Veterinary Info					
Vet Clinic Name:	_ Phone #:				
Veterinarian's Name:	_				
Current Pet Info					

Current Animal(s) Living in the Household. List all animals you currently own or live with.

Pet's Name	Breed	Sex (M/F)	Age	Spay/ Neutered (yes/no)	Vaccination Current (yes/no)	Heartworm Prevention (yes/no)	Reside (indoor/ outdoor)	How long have you had this animal?

Past Pet Info

Past Pet History. List the animals you have owned or lived with in the past but are no longer with you.

Pet's Name	Breed	Sex (M/F)	Age	Spay/ Neutered (yes/no)	How long did you have this animal?	What happened to this animal?	When did this pet leave/die?	What was the pet's age?

I certify that all of the above information is true and accurate regarding my abilities and situatio foster parent. I understand that this animal(s) belongs to The Scratching Post. All decisions medi otherwise will be decided by the staff.				
SIGNATURE:	DATE:			