## The Scratching Post

## FELINE FOSTER CARE APPLICATION

## Personal Info

$\qquad$ LAST NAME: $\qquad$
STREET ADDRESS: $\qquad$ CITY: $\qquad$ STATE: $\qquad$ ZIP: $\qquad$
PHONE NUMBER: $\qquad$ EMAIL: $\qquad$

## What are you interested in fostering? Check all that apply.

Bottle baby kittensWeaned kittens over 4-5 weeks oldMom with kittens/Pregnant momsSpecial needs—medicalSpecial needs-timidDo you have experience caring for bottle babies?YesNo

Have you fostered animals before?YesNo

Are there children in the home? $\square$ Yes $\square$ No Ages: $\qquad$
Are you able to keep the foster animals separate from your personal pets if necessary?YesNo Are you willing to assume the risks and responsibilities that come with fostering? $\qquad$ Yes $\qquad$ No

## Veterinary Info

Vet Clinic Name: $\qquad$ Phone \#: $\qquad$
Veterinarian's Name: $\qquad$

## Current Pet Info

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

| Pet's Name | Breed | Sex <br> (M/F) | Age | Spay/ <br> Neutered <br> (yes/no) | Vaccination <br> Current <br> (yes/no) | Heartworm <br> Prevention <br> (yes/no) | Reside <br> (indoor/ <br> outdoor) | How long <br> have you <br> had this <br> animal? |
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## 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 <br> (M/F) | Age | Spay/ <br> Neutered <br> (yes/no) | How long <br> did you <br> have this <br> animal? | What <br> happened <br> to this <br> animal? | When did <br> this pet <br> leave/die? | What was <br> the pet's <br> age? |
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I certify that all of the above information is true and accurate regarding my abilities and situation as a foster parent. I understand that this animal(s) belongs to The Scratching Post. All decisions medical or otherwise will be decided by the staff.
$\qquad$ DATE: $\qquad$

