

FOSTER APPLICATION

Please complete and return to <u>info@carsoncats.com</u>. Any questions, please contact Cyndi at 310-756-0751

FOSTER INFORMATION PAGE

NAME:

ADDRESS:

PHONE NUMBERS (indicate best to reach you at):

Home:

Cell:

Work:

EMAIL ADDRESS:

OCCUPATION: How many hours a week do you work (average)?

What hours/days are you usually home?

Have you ever fostered before? Yes/No

If Yes, where or with whom?

Do you have a car and are you willing to transport if needed (vets, shelter)? Yes/No

Are you willing to take fosters to adoptions or pet adoption events on the weekend? Yes/No

WHAT ARE YOU INTERESTED IN or WOULD BE WILLING TO FOSTER? (complete all that apply)

- BOTTLEFEEDERS: Yes/No
- ORPHANS: Yes/No How Many? What ages?
- MOM AND BABIES: Yes/No
- TEENAGERS: Yes/No
- ADULT CATS: Yes/No
- ADULTS with URI (Upper Respiratory Infection)
- KITTENS with URI (Upper Respiratory Infection)
- FERAL or SEMI-FERAL CATS to socialize
- FERAL or SEMI-FERAL KITTENS to socialize
- FERAL MOM and babies until babies are weaned

Do you have any experience with Bottle Babies (explain)?

Have you ever tube fed a Bottle Baby (explain)?

Do you have any experience medicating cats/kittens and are you comfortable administrating (explain)?

What medicines have you administered? Do you have experience with Feral Cats (explain)?

How many fosters are you willing to take at a time?

How long can you care for your fosters:

Do you have an Isolation space where you can separate cats for 2 weeks at a time? What kind of space is it (office, second bedroom, bathroom)?

Do you own a CAT/RABBIT Cage or CAT CONDO/DOG CAGE? Yes/No

Do you own a cat carrier? Yes/No

Can you provide Cat food (Wet and Dry) and Litter? Yes/No

Are animals allowed in your Residence? Yes/No

Please tell us about any pets that you have currently and if they are indoor/outdoor/both:

Please tell us about other people in your household and if you spoke to them about fostering?:

Please tell us of any additional areas of interests:

Comments: