

FURRY FRIENDS CAT/KITTENS FOSTER PROFILE

Personal Information

Name _____

Address _____

Phone _____

Email _____

Foster Options (check all that apply)

- Kittens Bottle Feeders
- Kittens eating on their own
- Pregnant Cat
- Mom Cat with nursing babies
- Cat/Kittens needing socialization
- Cat/Kitten recovering from illness or surgery

Availability and Home Conditions

- Have you fostered before? If yes, for what organization or shelter?
- What animals do you currently have in your home?
- Are your current animals up to date on vaccinations? Altered?
- Are your current animals good with new animals?
- Do you have a room (guest, bathroom, laundry) where you can quarantine the foster, if needed?
- Do you have children in the home? If so, what ages?
- How long will the animal be alone each day?
- Length of time available for each foster?
- Anything else you think we should know about you? You can write on the back, if needed.

Signature _____ Date _____