



FOSTER PROGRAM APPLICATION – CATS

PERSONAL INFORMATION:

First Name

Last Name

Address

City

State

Zip Code

Primary Phone Number

Secondary Phone Number

E-Mail Address

Date of Birth

HOUSEHOLD DISCLAIMER:

We are not responsible for any pet fees required by your landlord/owner of the property. We are not responsible for any damages that could occur by the animal you are fostering.

Are pets allowed where you live? YES _____ NO _____

PET ACCOMODATIONS:

Foster cats are required to be kept indoors only. How many hours per day will your foster pet be home alone?

1 – 5 hours

5 – 10 hours

Greater than 10

Never

PERSONAL PETS:

Do you own any pets? INDICATE THE NUMBER THAT APPLIES:

_____ CAT(S) _____ DOG(S) _____ NONE

If you own pets, are all your pets spayed/neutered and up to date on their vaccinations?

Spayed/Neutered: _____ YES _____ NO

Vaccinated: _____ YES _____ NO

It is required that any contagious foster animal be isolated from any personal animals. Are you able to isolate your foster pet from your personal pets?

_____ YES _____ NO

FOSTER PREFERENCES:

Please indicate what types of animals you are willing to foster:

Bottle Baby Kittens _____

Behavioral Fosters _____

Cats/Kittens with URI _____

Non-contagious Fosters _____

I agree that all the information above is correct as written. I authorize HSBR to verify my information.

THANK YOU SO MUCH FOR YOUR INTEREST IN FOSTERING A PET FROM THE HUMANE SOCIETY OF BLUE RIDGE. PLEASE SIGN AND DATE BELOW SO WE CAN BEGIN YOUR JOURNEY AS A FOSTER PARENT!

SIGNATURE

DATE