

Where will the foster cat (s) be when no one is home?

Where will the foster cat (s) sleep?

Are you comfortable with having potential adopters that have been pre-approved come into your home to visit the kittens or cats that you are fostering? { } Yes { } No

Does anyone inside the home smoke? { } Yes { } No

CURRENT PETS:

Do you have any pets in the home? { } Yes { } No

If yes, please list as followed:

Species Eg. Dog/Cat	Breed	Declawed Yes or No	Spayed/ Neutered	Age	Date of last Vaccination

Are you current cats allowed to spend time outdoors? { } Yes { } No

PAST PETS:

If you ever lost a pet due to accident or illness, please describe what happened:

Have you ever had a cat in your home that was diagnosed with Panleukopenia? { } Yes { } No

If yes, when? _____ Describe circumstances: _____

Do you currently have a cat in your home that is diagnosed with FIV or Feline Leukemia?

FIV? { } Yes { } No Feline Leukemia? { } Yes { } No

If yes, describe circumstances: _____

VETERINARY CLINIC:

Name & phone number of your veterinarian: _____

I, _____, agree that all of the information which I have given above is correct as written and I authorize FOCR to verify any information. I understand that FOCR has the right to refuse my application to foster an animal. I understand that I will be required to agree to certain terms and conditions prior to fostering cats. I understand that at any time FOCR can terminate this agreement and the animal must be returned.

Date: _____