



Forgotten Ones Cat Rescue and Adoption Inc.

P.O. Box 32203, Harding Postal Station
250 Harding Blvd. W., Richmond Hill, ON L4C 9S3

Website: www.forgottenones.ca

Email: contact@forgottenones.ca

Registered Charity # 85159 8417 RR0001

FOSTER APPLICATION

Name		Address/City/Postal	
Home Phone #	Work Phone #	Cell Phone #	Email

Do you live in a: House Apartment Town home Condo Student Housing Other

Are you **21** years of age or over? Yes No

May we contact you at work? Yes No

What time of day is it best to contact you? _____

If you rent, is there a restriction in your rental unit to owning a pet? Yes No

Are you fostering for any other organization at present? Yes No

Do you have access to a vehicle for transportation of a foster pet? Yes No

How many people in the household? _____ No. of Children _____ Ages: _____

Have you had experience either fostering or raising a litter of kittens? Yes No

If yes, please explain:

Can you be available on short notice? Yes No

Do you have any animal care experience you think will be useful as a foster volunteer?

Do you have experience administering medications to animals? (*ie: pilling, ear/eye drops*) Yes No

Do you have a separate, well-lit room to keep the fostered animals away from pets and family members? Yes No

Describe: _____

What are you interested in fostering? Check all that apply:

Cats with kittens Stressed Cats Pregnant cats Orphaned Kittens

Injured Cats Cats with URI Adult Cats Other

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: _____