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**Foster Application Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest Major Intersection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foster Skills and Experience**

**🞎** Bottle Feeding **🞎**  Medicating – Injection **🞎** Medicating – Pills

**🞎** Medicating – Liquid Medication **🞎** Force Feeding **🞎**  Feral Cats/Kittens

**🞎** Shy Cats/Kittens **🞎** Under-socialized and Fearful Cats/Kittens

**🞎** Pregnant/Nursing Litters **🞎** Worked in Vet Clinic 🞎 Veterinary Tech

**🞎** Trapping/Colony Work **🞎** Worked/Volunteered in a shelter or rescue group

**General Information**

1. Do you agree to a home visit?

**🞎** Yes **🞎** No

2. Do you rent your home?

**🞎** Yes **🞎** No

3. Are you planning to move in the next 6 months?

**🞎** Yes **🞎** No

4. Do you own your own transportation?

**🞎** Yes **🞎** No

5. How many people reside in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What is the activity level in your home?

**🞎** Low **🞎** Medium **🞎** High

7. Do you have children?

🞎 Yes 🞎 No

8. If you have children, what are their ages? (leave blank if you have no children living at home)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Are your children accustomed to animals?

🞎 Yes 🞎 No 🞎 Does not apply to me

10. Is anyone in your home allergic to cats?

🞎 Yes 🞎 No

11. Are you available immediately?

🞎 Yes 🞎 No

12. If you are not available immediately, please briefly explain why, and when you will be available.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Pets**

1. Do you currently own any pets?

🞎 Yes 🞎 No

2. If yes, please state what pets you have and their ages.

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**Isolation Space**

1. Do you have a separate space in your home where a foster cat/kitten can be separated from your own pets?

🞎 Yes 🞎 No

2. If yes, please briefly describe your isolation space.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Information**

1. Are you currently working?

🞎 Yes 🞎 No 🞎 No, I am retired

2. Roughly how many hours a day are you away from home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Has anyone in your home been convicted of an offense involving violence or animal cruelty?

🞎 Yes 🞎 No

I acknowledge that the information provided on this application is correct to the best of my knowledge. If at any time the information I have provided changes, I will provide the updated information to Guildwood Cat Relief.

Guildwood Cat Relief Contacts:

Sylvia 416-286-8975 smittler@sympatico.ca

Tosha 416-436-3282 toshabush@gmail.com