



## Foster Application Form

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

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

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

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

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

### Foster Skills and Experience

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bottle Feeding                 | <input type="checkbox"/> Medicating – Injection                          | <input type="checkbox"/> Medicating – Pills |
| <input type="checkbox"/> Medicating – Liquid Medication | <input type="checkbox"/> Force Feeding                                   | <input type="checkbox"/> Feral Cats/Kittens |
| <input type="checkbox"/> Shy Cats/Kittens               | <input type="checkbox"/> Under-socialized and Fearful Cats/Kittens       |   |
| <input type="checkbox"/> Pregnant/Nursing Litters       | <input type="checkbox"/> Worked in Vet Clinic                            | <input type="checkbox"/> Veterinary Tech    |
| <input type="checkbox"/> Trapping/Colony Work           | <input type="checkbox"/> 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.

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

## 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.

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## 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](mailto:smittler@sympatico.ca)

Tosha      416-436-3282      [toshabush@gmail.com](mailto:toshabush@gmail.com)