

CAT CONNECTION FOSTER HOME QUESTIONNAIRE

Driver's License information will be requested when you adopt. Please have your driver's license with you.

Name: _____ Occupation: _____

Address: _____ Home phone: _____

City/Zip: _____ Work phone: _____

Email Address: _____ Cell phone: _____

Name of Spouse/Significant Other: _____ Children (with ages): _____

List any additional people in the household: _____

Who will be responsible for the cat's care (feeding, cleaning litter box, taking to vet)? _____

Has anyone in your household experienced allergies or asthma? _____

Is your home a: House Apartment Condo Other How long have you lived at this address? _____

Do you have a patio _____ backyard _____ balcony _____ doggie door _____

Will your foster cat have access to the above areas? _____

Are you willing to have a Cat Connection representative visit your home? _____

In what areas of your home will your foster cat be allowed? _____

Where will the cat sleep at night? Cat Bed Garage My Bedroom Anywhere (s)he wants Other _____

How many hours of the day will your cat be left alone? _____ Where will (s)he be left when alone? _____

Is this your first pet? _____ Do you have other pets? Dogs? _____ Cats? _____ Other? _____

Are any of your cats declawed? _____

If you have other dogs or cats, are they spayed/neutered? _____

If you have cats, are their vaccinations current? _____ Have they been tested for leukemia (FeLV)? _____ Tested for FIV? _____

THIS APPLICATION BECOMES PART OF OUR CONTRACT. Foster home contract completed at time of pick up or delivery.

I certify that all the above information is true and accurate. I understand that all medical will be paid as long as I am fostering this animal.

SIGNATURE: _____

DATE: _____

REVIEWED BY: _____

VENUE LOCATION: _____

CAT PREFERENCE: _____