SFOF FOSTER PARENT APPLICATION

Name: _____ Are you 18 or older? _____

Address: _____ City, & Zip: _____

Day Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ How do you prefer we contact you? _____

Please check which of the following you would like to foster:

____ Adult Cats
____ Mother Cat & Kittens
____ Kittens
____ Bottle Feed Kittens
____ Sick or Injured Cat/Kittens
____ Special Needs/Long term Cat/Kittens

Number of cat/kittens you can foster at any given time: _____

Please check which of the following you are skilled to perform:

____ Bottle Feed Kittens
____ Vaccinations
____ Giving Oral Medications
____ Take a Cat's Temperature
____ Hydrate with Subcutaneous Fluids
____ Draw Blood for Testing
____ Ear Cleaning
____ Care for Critical Cat/Kitten
____ Nail Clipping

Are you interested in learning any of the above tasks?: _____

Who will be responsible for the care of our foster cat/kittens: _____

Ages of children in household: _____

How many hours a day will the cat/kittens be left alone: _____

List number and type of current pets: _____

Are your cats current on their vaccinations: _____

What type of indoor confinement will you provide: (Bathroom, Bedroom, Crate)_____

I certify that all information is true and correct. I am at least 18 years of age, and if I rent, I have landlord approval. I understand that Salem Friends of Felines is not responsible for any property or personal damage, wounds inflicted or illness caused by any of their foster cats or kittens.

_____ _____ _____

Print Name Signature Date

****

SFOF Office Use Approved _____Not Approved _____ By: _____

Comments: _____

_____

_____