



5787 W. 6th Avenue - Lakewood, CO 80214 (303) 239-9680

FOSTER HOME APPLICATION and QUESTIONNAIRE

Name: _____

Date: _____ Are you over 18 years of age? [Yes] _____ [NO] _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Preferred method of contact: _____

Household Residence: Apartment _____ Mobile Home _____ Condo/Townhouse _____ House _____

Do you: Rent _____ Own _____ If you rent, do you have landlord approval to have animals? Yes _____ No _____

Landlord Name/Contact Info: _____

How many adults reside in your household: _____ Children: _____ Ages: _____

Have your children been around cats/kittens: Yes _____ No _____

Does anyone in your house have allergies: Yes _____ No _____

What animals do you currently have in your household: _____

Who is your veterinarian/clinic/hospital: _____

Address: _____ Phone Number: _____

Are your animals up to date with their vaccinations: Yes _____ No _____ Spayed/Neutered: Yes _____ No _____

Which vaccinations have been given: _____

How would your own animals get along with a foster cat or kittens: _____

Will you be able to separate the foster cat(s) from your animals: _____

How many hours a day, on average, are you away from the house: _____

How many hours a day, on average, will the foster cat/kitten be alone: _____

Where will the foster cat(s) or kitten(s) be kept during the day: _____

Where will the foster cat(s) or kitten(s) be kept at night: _____

Do you understand that CCS foster cats and kittens must stay indoors at all times: YES _____ NO _____

Will the foster cat/kitten(s) have a separate, smoke free area: YES _____ NO _____

Will you be willing to care for an injured or sick cat or kitten: YES _____ NO _____

Will you be available to administer medication to a cat or kitten if it is required: YES _____ NO _____

Do you have experience giving medications to cat(s) and kitten(s): _____

If yes, are you available to administer doses during the day (up to 4 daily doses): YES _____ NO _____

Will you be willing to transport the cat or kitten to CCS for veterinary care: YES _____ NO _____

Will you be willing to contact CCS weekly regarding the cat or kittens: YES _____ NO _____

Will you be able to handle behavior and/or adjustment problems: YES _____ NO _____

List the problems you are not willing to work with: _____

Will you be willing to provide care for a month or more: YES _____ NO _____

Would you prefer fostering (check as many as you wish):

_____ Adult cat

_____ Kitten 0-4 weeks old (will require bottle feedings every 2-3 hours)

_____ Litter of kittens 0-4 weeks old (will require bottle feedings every 2-3 hours)

_____ Kitten 4 weeks and up (weaned)

_____ Litter of kittens 4 weeks and up (weaned)

_____ Pregnant Mom or Mom with kittens (approximately 8-14 week commitment)

_____ Injured cat/kitten (may require treatments, medications, kennel rest)

_____ Ill cat/kitten (may require quarantine area, treatments, medications, kennel rest)

_____ Kittens less than 8 weeks in need of socialization (might require kenneling)

_____ Kittens 2-6 months in need of socialization (will require kenneling and cautious handling)

_____ Young adults 6 months to 1 year in need of socialization (will require kenneling, cautious handling)

_____ Shy adults in need of socialization to be more adoptable

_____ Adults for Behavior Modification therapy (may also require once or twice daily medication)

_____ Adults or kittens requiring a special diet (restricting their access to only the prescription food)

Will you provide canned and dry food for a cat or kitten(s) at your own expense: YES _____ NO _____

In case of a disaster (fire, earthquake, flood) will you be willing to provide temporary homes for owned animals until they could be returned home: YES _____ NO _____

Are you willing to return the foster cat/kitten at the end of the foster period, or adopt them through CCS's Standard Adoption Procedures: YES _____ NO _____

Please list any special training, qualifications that you would like us to know about: _____

I attest that the above information is correct and to the best of my knowledge:

Signature: _____ Date: _____