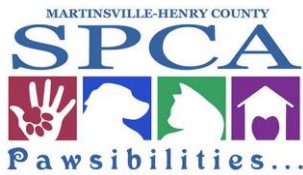


Animal: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ S/N Date: \_\_\_\_\_



**CAT FOSTER QUESTIONNAIRE AND AGREEMENT FORM**

*THIS FORM MUST BE FILLED OUT COMPLETELY PRIOR TO FOSTERING.  
PLEASE ANSWER ALL QUESTIONS. APPLICATIONS WITH BLANK QUESTIONS  
WILL BE AUTOMATICALLY DENIED.*

A H D

Date you can begin fostering: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Live in a... Home Apartment Mobile Other Do you... Own Rent

If renting... Landlord's Name and Number: \_\_\_\_\_

Would you be opposed to a home visit? Y N Are you 18 years of age? Y N

Do you have a car and a valid driver's license? Y N

How many occupants in house? \_\_\_\_\_ +18 \_\_\_\_\_ Children

Please list ages of children: \_\_\_\_\_

How would you describe your house? Quiet Noisy Active Average

Have you fostered before? Y N Was it with our facility? Y N

*Check all that apply:*

Age of cat willing to foster: Nenoates (bottle feeding) Young adult Adult Geriatric

Health of cat willing to foster: Need Socializing Needs medication Needs Special Diet

CaGender Preferences: \_\_\_\_\_

-Where will the animal be kept...

- During the day Indoors Outdoors
- When you are not at home Indoors Outdoors
- At night Indoors Outdoors

Behavior preferences (ex. energy levels, training levels, etc.): \_\_\_\_\_

How long will the animals be left alone on average (ex. Workdays): \_\_\_\_\_

Any additional information: \_\_\_\_\_

CURRENT ANIMALS				
Name/Breed	Age	Spayed or Neutered	Up to date on vaccinations?	Good with Cats or Dogs or Both
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> B

Have you ever had an application denied by an adoption facility? Y N

Have you ever been convicted or accused of animal cruelty? Y N

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPCA Foster Counselor: \_\_\_\_\_ Date: \_\_\_\_\_