



**GCHS**  
Green County Humane Society

## Cat Foster Application

### Personal Information:

Name \_\_\_\_\_

Phone/Cell \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Do you wish to be added to our newsletter list? \_\_\_\_\_yes \_\_\_\_\_no

Preferred Communication: \_\_\_\_\_Phone \_\_\_\_\_Email \_\_\_\_\_Call \_\_\_\_\_Text

### Household Information (check all that apply)

Do you live in a: \_\_\_\_\_House/Mobile Home \_\_\_\_\_Apartment/Condo/Duplex \_\_\_\_\_Farm

Do you: \_\_\_\_\_Own \_\_\_\_\_\*Rent \_\_\_\_\_Live w/parents or relative \_\_\_\_\_Roommates

We welcome fosters who rent, or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees.

# of Adults in Household \_\_\_\_\_ # of Children in Household \_\_\_\_\_ Ages of Children \_\_\_\_\_

### Current Pets

Please list all animals currently in your household:

Pet Name	Type of Animal	Breed	Age	Sex	Spayed/Neutered



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**Current Medical Care Provide for Pets**

Current Veterinary Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you currently treating any of your pets for any illnesses? (circle)      yes      no

If yes, please explain

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If you have cats:

Have they been tested for FIV/FelV? (circle)      yes      no

If so, what were the results of the test? (circle)      positive      negative

Are your pets on monthly flea prevention? (circle)      yes      no

**FOSTER CARE INFORMATION**

Who will be primarily responsible for the daily care of a fostered animal? \_\_\_\_\_

Will you be able to isolate a foster animal in a separate room if necessary? (circle)

            yes                      no                      unsure

How long will the animal be left alone each day? \_\_\_\_\_

List your previous animal handling experience that involves medical care, socialization, training and weaning:

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Would you be able to bring the animal promptly to a specified veterinary clinic or to the Humane Society if requested/required? (circle)      yes      no



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**FOSTER AREAS OF INTEREST**

The following are categories of animals that may periodically be available for fostering. Please check the types of cats you would like to foster

- \_\_\_ Mothers and their litters
- \_\_\_ Bottle-Baby Kittens (need to be fed every 2-4 hours)
- \_\_\_ Weaning Kittens (need to be fed every 4-6 hours)
- \_\_\_ Independent Kittens (can be left alone 6-8 hours a day)
- \_\_\_ Under Socialized cats/kittens; cats who need a break from
- \_\_\_ Cats/kittens with upper respiratory infections
- \_\_\_ Injured/recovering cats/kittens

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

For Volunteer & Foster Coordinator use only

Date of first contact: \_\_\_\_\_

Date of foster orientation: \_\_\_\_\_

Entered into Volgistics: \_\_\_\_\_ Entered into PetPoint: \_\_\_\_\_