

**FOSTER CARE APPLICATION**

Please complete this application and submit to the NYC Cat Coalition via email: nyccatcoal@yahoo.com or fax to (718) 671-1695

Name: _____ Age: _____ Name: _____ Age: _____

Address: _____ Address: _____

Tel: _____ Tel: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Work Tel#: _____ Work Tel#: _____

How many people are in your household?

What is their relationship to you? (*Child, Parent, Partner, Roommate*)

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Do you: _____ OWN _____ RENT _____ LEASE **How long have you been at this address?** _____

If renting/leasing, are you allowed to have pets? _____ Yes _____ No

Do you have screens on your windows? _____ Yes _____ No

Do you have a terrace? _____ Yes _____ No

If yes, does it have a screen door? _____ Yes _____ No

Do you have a backyard? _____ Yes _____ No

Is it enclosed? _____ Yes _____ No

Is it enclosed? _____ Yes _____ No

Cat will be kept: _____ Indoors Only _____ Outdoors Only _____ Indoors and Outdoors

Landlord's name: _____ Phone: _____

Have you ever fostered animals before? ? _____ Yes _____ No

Name of Rescue/Organization: _____

What are you interested in fostering?

_____ Bottle baby kittens

_____ Adult cats

_____ Socializing cats/kittens

_____ Weaned kittens over 4-5 wks

_____ Senior cats

_____ Pregnant mom/with kittens

_____ Special Needs-Medical

_____ Special Needs-Timid

Please list any additional areas of interest and/or limitations you may have:

Do you have a room to isolate fosters from other pets in the house if need be? __Yes __No

Do you have a car? __Yes __No

Are you able to get your foster cat(s) to adoption events on the weekends? __Yes __No

Pet History: Please list your current pets, if any:

Dog/Cat	Breed	Name	Age	M/F	Altered?	How long owned?

Did you adopt from a Rescue Organization or Shelter?: Yes__ No__ If Yes, when? _____

Name of Rescue/Organization: _____ Name of Pet: _____

Where is the pet(s) now? _____

If the pet was given up, why? _____

Who did you give the pet to? _____

Do you know someone who could take your foster cat(s) if you could no longer keep him/her?

Name: _____ Phone: _____ Relation: _____

Address: _____ City/State/Zip: _____

Do you currently have a Veterinarian? Yes__ No__

Name: _____ Name of Pet: _____ Phone: _____

Address: _____ City/State/Zip: _____

VET REFERENCE: If not currently, what Veterinarian did you use in the past?

Name: _____ Name of Pet: _____ Phone: _____

Address: _____ City/State/Zip: _____

I certify that all of the above information is true and accurate and I authorize the Representative of NYC CAT COALITION to contact those listed above.

Signature: _____ Date: _____

Signature: _____ Date: _____