 Cat Fostering Application form

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| --- | --- |
| Name |  |
| Address |  |
| Town |  |
| County |  |
| Postcode |  |
| Contact number: |  |
| Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Advertisement | Facebook | Referred by Contact | |
| Word or Mouth | Website | NCC/RSPCA | Already aware |
| Other Please State: | | | |

How Many People live in your Household:

|  |  |  |  |
| --- | --- | --- | --- |
| Adults over 18yrs |  | Relationship to Applicant |  |
| Children |  | Children Ages |  |
| Are there any children that visit on a regular basis How often and ages | |  | |

Are you interested in

|  |  |  |  |
| --- | --- | --- | --- |
| Single Cat |  | Pair of Cats |  |
| Age of Cat |  | Kittens |  |
| Senior cat |  | Gender | Male/Female |

Please indicate Property type:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| House | Maisonette | Bungalow | Flat (*which floor*) | Other |

Is your property:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Privately Owned | Council/  Housing Trust | Private Rented | HM Forces | Tied | Other please specify |
| Other: | | | | | |

|  |  |
| --- | --- |
| If you do not own your property do you have permission to Keep Pets | Yes / No |

*Please attach written permission from your landlord or a copy of your tenancy agreement with this application*

|  |  |
| --- | --- |
| Are you due to move or have you booked a holiday within the next 3 months | Yes/No |
| If yes, when is this happening? | |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you work Full time or Part time | | Full time | Part time |
| Full time hrs per day |  | Hrs per Week |  |
| Part time hr per day |  | Hrs per week |  |

Do you or any member of your household members have any medical conditions affected by animals(Allergies) please list them below

|  |
| --- |
|  |
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|  |

Do you have any other cats:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes / No | If Yes how long & what sex | | |  | |
| Are they Neutered | Yes / No | Have they been Vaccinated within the last year | | | Yes / No |
| Do you still have a cat? If not what happened to it? | | |  | | |

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| Please provide details of any other pets you currently own Birds, dogs, rodents etc |
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|  |

|  |  |
| --- | --- |
| Are you prepared to keep as an indoor cat whilst in foster care with you | Yes / No |
| Do you have transport to collect items for the Cats/vet visits etc | Yes / No |

Do you have any visiting animals (ie family/Friends cats & Dogs) if so please give details below:

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| --- | --- | --- | --- |
| How long do you expect the cats to be left alone on a regular basis (*approx hrs*) | | | |
| Is this daytime | evening | Night time | Evening |

I can Foster a cat that is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Good with Dogs | Yes / No | Not Important | Quiet Important | Very Important |
| Good with Other cats | Yes / No | Not Important | Quiet Important | Very Important |
| Litter trained | Yes / No | Not Important | Quiet Important | Very Important |
| Be comfortable around Children | Yes / No | Not iMportant | Quiet important | Very Important |

|  |  |
| --- | --- |
| Would you be prepared to administer Medicines if Necessary | Yes / No |
| I am a First Time foster Carer | Yes /No |
| I am experienced with cats & am happy to help with more difficult cases | Yes / No |
| Are you prepared to maintain confidentiality for fostered cats | Yes /No |

Referees:

Please can you provide details of two people we can contact for a written reference. If possible one of these should be a professional referee, such as a current or recent employer & one your vet. Referees from family members will not be accepted.

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
|  |  |
| Contact Number: | Contact number: |
| Email: | Email |