

**OCSP CAT RESCUE
Foster Application**

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Are you a first time foster? Yes No

If you have fostered before, what organization(s) were you involved with and for how long? _____

What is your preferences to fosters:

I am willing to foster: Cats Kittens Bottle Feeders Pregnant Moms and Babies Senior Cats
 Special Needs Cats (medical needs)

Do you have experience with (check all that apply): Bottle Feeding Pregnant Moms Special Needs

Do you live in a: House Condo/Townhome Apt Military Live w/ Parents

How long at this residence: _____ Yrs _____ Months

Do You: Rent Own

If you rent, please provide your Landlords Names and Phone Number:

In your home: No. of adults:_____ No. of children:_____ Ages_____

How many hours a day will the cat/kittens be alone?_____

Where do you plan on keeping your foster cat?:

Indoor Only Indoor & Outdoor Outdoor Only Other:_____

Will your foster cat have access to a pet door, patio, garage, or balcony?: Yes No

If Yes, Which? (check all that apply): Pet Door Patio Garage Balcony

If you have other pets can you separate your fosters from your current pets?: Yes No

Are you willing to medicate your foster cat or kitten?: Yes No

If yes, which types of medications are you comfortable providing? Liquid Gel

Pills/Tablets Oral Injections

Are you willing to learn to medicate or tube feed? Yes No

Are you able to keep your foster until adopted?: Yes Limited Time Only

If limited, what time frame are you able to keep fosters for?_____

Can you transport your foster to and from our vets and adoption events?: Yes No

If no, are you willing to make arrangements to get them there and back?: Yes No

Are you able to purchase your foster supplies after an initial set up from OCSP? Yes No

Are you willing to take pictures and write a bio for your foster cats online profile? [] Yes [] No

CURRENT PETS IN YOUR HOME: (Please fill out for all pets you currently live with).

Breed/Type	Age	Spayed/Neutered	Indoor Only/Outdoor Only/Both	Any other notes about pet

Please list two personal references that we can contact (No Relatives Please):

Reference 1:

Name: _____ Phone No.: _____

Relationship: _____ Yrs Known: _____

Reference 2:

Name: _____ Phone No. _____

Relationship: _____ Yrs Known: _____

As evidenced by my signature below, I attest that the answers that I have given in this document are true and factual to the best of my knowledge and that I have not misrepresented myself in any way. I understand that the completion of this application does not guarantee the adoption and/or foster placement of any OCSP cat and that OCSP has the right to decline my application for adoption for any reason.

Signature _____ **Date** _____