



Fayette Humane Society
P.O. Box 244, Fayetteville, GA 30214-0244
770-487-1073 www.fayettehumane.org

GA Department of Agriculture
License # 33103678

Feline Foster Application

Name: _____ Are you at least 18 years of age? ___Yes ___No

Phone #: _____ Email: _____

Home Address: _____

Are you planning to move soon? ___Yes ___No Are you currently in school? ___Yes ___No

Do you ___own or ___rent? Are you aware of any restrictions (rules from landlord, condo association, etc.) that would prevent you from fostering?

- ___No cats allowed.
- ___There are size restrictions.
- ___There are breed restrictions.
- ___There is a limit to how many animals I can house.
- ___No restrictions.
- ___Not sure – I need to check and get back with you!

How often are you at home? ___Rarely ___Home when not at work/school ___Home all day

How often do you travel out of town? ___Rarely ___Sometimes ___Often

Is anyone in your household allergic to cats? ___Yes ___No ___Unsure

How many people live in your household? ___Adults ___Children (*please list their ages*): _____

How many pets are currently living in your home?

___Dogs (*please list names, breeds, and ages*): _____

___Cats (*please list names, breeds, and ages*): _____

___Other (*please list species*): _____

Do you have a room to keep fosters separate from your pets or for quarantine purposes? ___Yes ___No

Are all of your pets spayed/neutered? ___Yes ___No ___Not yet!

Are all of your pets fully vaccinated? ___Yes ___No ___Not yet!

Are all of your pets up-to-date on flea/tick and heartworm preventatives? ___Yes ___No ___Not yet!

We may verify veterinary histories. Is it okay if we follow up with your veterinarian? ___Yes ___No

Name, city, and phone # of your veterinary clinic: _____

How would you describe your household?

- ___Quiet – calm, low activity level
- ___Average – some activity but not hectic
- ___Loud – lively, energetic, lots of people coming and going

How would you describe your level of experience (*check all that apply*)?

- ___Never had a cat, but excited to learn
- ___Had one or more pet cat as a child
- ___Had one or more pet cat as an adult
- ___Have experience with ongoing medical problems with a personal cat
- ___Have experience with behavioral problems with a personal cat
- ___Have experience working in a veterinary hospital
- ___Have experience working at a boarding kennel/pet resort/pet-sitting service, etc.
- ___Have previous foster/rescue experience (*please describe*): _____

Are you comfortable administering medication via (*check all that apply*):

Pills? Liquid medications? Injections?

I am willing to foster (*check all that apply*):

Pregnant mother (kittens would likely be born while in your care)

Mother with nursing kittens

Underage kittens (bottle babies or in the process of weaning)

Kittens

Sick/injured/special needs

Adults/seniors

Any cats/kittens

Sometimes foster animals have been neglected or abused and may experience difficulty transitioning.

Are you willing to be patient while the foster adjusts to their new foster home? Yes No

What energy level are you looking for in a foster?

High – needs lots of playtime and socialization

Medium – some playtime and some naps

Low – lots of sleeping and snuggling

Where will your fosters be when you are gone during the day/sleeping? _____

How long are you willing to keep fosters? Short-term (1-3 weeks) Long-term (1 month+)

Are you able to take fosters for routine visits to a veterinarian? Yes No

Are you able to take fosters to a veterinarian in the event of an emergency? Yes No

Are you able to maintain a medical log to track medications and veterinary procedures? Yes No

Are you able to submit photos and brief biographies of fosters to share on our website? Yes No

Are you able to bring fosters to/from adoption events (Saturdays & Sundays, 12-4 p.m.)? Yes No

Are you planning to “foster fail” (adopt)? Yes No Not planning on it, but you never know!

Are you willing to submit to a criminal background check? Yes No

To maintain our license, the Georgia Department of Agriculture requires home inspections be conducted every six months. Are you willing to have one of our volunteers visit your home periodically? Yes No

Why are you interested in fostering? _____

Is there a particular cat you are interested in fostering? If so, who? _____

Your signature below indicates the information you have provided is accurate and truthful.

(your signature)

(today's date)