

Orange Street Cats
www.orangestreetcats.org
518-533-5242



CAT FOSTER APPLICATION

We at Orange Street Cats are responsible for the welfare of the animals we place in foster care. We take great care in selecting an appropriate foster home for each animal. Please fully and carefully complete the following questionnaire to assist us in this endeavor. Completion of this application is a requirement for fostering an Orange Street Cats foster cat, but does not imply or guarantee approval for fostering. We reserve the right to use our own discretion in choosing the best adopter for a specific animal.

Cat of Interest _____

Name: _____ Age: _____
Address: _____
City/State/Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____
Email: _____

How long have you lived at this address? _____
Previous address, if less than 1 year: _____
Do you live in a (circle): House Apartment Mobile Home Dormitory
Do you live in the (circle) City Suburbs Country Campus
Do you (circle) Rent Own Live with parents
If you rent: Landlord's name: _____
Landlord's Address: _____
Landlord's Phone: _____
Does your landlord consent to having animals of the premises? _____
Do you have a lease? _____ Expires: _____
Please provide a letter from the landlord or a copy of the lease indicating that pets are allowed.

Employer: _____
Position/Title: _____ Part time Fulltime
How long? _____
Address: _____
City/State/Zip: _____
Previous employer, if less than 1 year: _____
Position/Title: _____ Length of employment: _____
Are you a student? _____ If yes, where? _____ Years completed: _____

How did you hear about Orange Street Cats? _____

1. Why do you want to foster a cat? _____
2. Have you ever fostered a cat before? Yes No For whom? _____
3. Where will this cat live? _____
4. Do you plan to allow the cat to go outdoors? _____
5. Number of people living in residence _____ Ages _____

6. Do you or any of the other people in your residence have allergies? _____

7. Do the other people in your residence consent to fostering this cat? _____

8. Do you or anyone in the residence smoke? Yes No

9. Who will have primary responsibility for taking care of the cat (changing litter box, feeding, etc.)? _____

10. Have you had pets in the past? Yes No

11. If so, why are they no longer with you (for example, deceased, lost, gave away, etc)? _____

12. Are there other pets in the household? _____ If so, please list number and type(s) _____

13. Do your pets get along with cats? _____

14. Are your pets all spayed or neutered? _____ Are they current on vaccinations? _____

15. Date of last visit to vet: _____

16. Name of your veterinarian: _____

I give Orange Street Cats permission to contact my veterinarian _____ (Initial)

17. Would you be able to transport your foster cat to adoption events held on weekends around the Capital District? Yes No

Have you ever been convicted of an animal related felony or misdemeanor? Yes No. If yes, please explain: _____

Please provide a picture identification (preferably a driver's license) at the time of submitting your application.

I understand that any OSC cats in my foster care are the property of the Orange Street Cats organization, their expenses to be paid by OSC, and can be reclaimed by OSC at any time. If I am unable to continue fostering a cat I will contact OSC for its return.

Signature _____ Date _____

For OSC representative:

Driver's License State: _____ Number: _____