



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

CAT FOSTER APPLICATION

Thank you for your interest in partnering with Orange Street Cats by fostering a cat or kitten! We at OSC are responsible for the welfare of the animals we place in foster care and we take that responsibility very seriously. 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 foster for a specific animal.

Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Are you on Facebook? _____

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 (circle) Rent Own Live with parents

If you rent: Landlord's name and 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? _____

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 what group(s)? _____

3. What were the good and bad parts of your prior fostering experiences? _____

4. What kind of foster cat(s) would fit best in your household and family (bottle babies, kitten, adult cat, senior, bonded pair, etc)? _____

5. Please describe other cat care experience (for example: nursing bottle babies; caring for an elderly pet with kidney issues and giving subq fluids; pilling a cat; grooming a long-haired cat, etc.) _____

6. Please describe any other rescue work you've participated in: _____

7. Where will this cat live? _____
8. Do you plan to allow the cat to go outdoors? _____
9. Number of people living in residence _____ Ages _____
10. Do you or any of the other people in your residence have allergies? _____
11. Do the other people in your residence consent to fostering this cat? _____
12. Do you or anyone in the residence smoke? Yes No
13. Who will have primary responsibility for taking care of the cat (changing litter box, feeding, etc.)? _____
14. Have you had pets in the past? Yes No
15. If so, why are they no longer with you (for example, deceased, lost, gave away, etc)? _____
- _____
- _____
16. Are there other pets in the household currently? _____ If so, please list number and type(s)
- _____
- _____
17. Do your current pets get along with cats? _____
18. Are your pets all spayed or neutered? _____ Are they current on vaccinations? _____
19. Date of last visit to vet: _____
20. Name & phone of your veterinarian: _____

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

Would you be able to transport your foster cat to veterinarian appointments and adoption events held on weekends around the Capital District? Yes No (Don't worry, we have volunteers who can help if you can't!)

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 or State-issued non-driver's ID) 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 the cat or kitten I will contact OSC for its return.

Signature _____ Date _____

For OSC representative:

Driver's License State: _____ Number: _____

Check Registry: _____

OSC Representative: _____ Date: _____