



FOSTER-BASED FELINE RESCUE

The Kitten's Cradle Foster Application

Applicant's Name _____

Applicant's Occupation _____

Address _____

City _____ State _____ Zip/Post Code _____

Phone _____ Email _____

Date Available to Foster _____

What type of fostering are you interested in?

- Short-term: transitions between intake and long-term fosters, store breaks, medical cases, mothers/babies, etc.
- Long-term: from intake to adoption. Commitment may last a few days to several months
- Both

What kind of animal(s) are you interested fostering? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Bottle baby kittens | <input type="checkbox"/> Mother cat with kittens/pregnant mom |
| <input type="checkbox"/> Weaned kittens over 4-5 weeks old | <input type="checkbox"/> Puppies |
| <input type="checkbox"/> Young cats | <input type="checkbox"/> Adult dogs |
| <input type="checkbox"/> Adult cats | <input type="checkbox"/> Senior dogs |
| <input type="checkbox"/> Senior cats | <input type="checkbox"/> Special needs dogs - medical |
| <input type="checkbox"/> Special needs cats - medical | <input type="checkbox"/> Special needs dogs - trauma/timid |
| <input type="checkbox"/> Special needs cats - trauma/timid | <input type="checkbox"/> I already have some rescued cats/dogs I want to place |

If you want to foster a specific type, breed, gender, size or have other preferences, please describe.

If you have any animals now, please list them here and indicate if they are current on vaccinations.

Select your type of dwelling

House

Pre-fab/mobile

Townhouse

Condo

Apartment

Other (specify) _____

Do you own or rent?

Own (only check "own" if you are the owner)

Rent **Renters must have **written** permission to foster an animal**

List any animal restriction in regards to breed, size, age, gender, etc. as it relates to your dwelling situation.

Please list people who reside in your house including any children and their ages.

Who will ultimately be responsible for the fosters?

Where will fosters be kept while you are gone?

Will fosters be allowed in the house? In no, explain.

Our home has a:

Fenced Yard

Dog Run

Neither

Where will fosters sleep at night?

Do you have room to isolate fosters from other animals in the house for at least 10–14 days?

Yes

No

Describe the cleanliness level of your house.

Do you smoke in your house?

- Yes
- No

Do you own a car?

- Yes
- No

Our partner veterinarians are currently based in Edina, Coon Rapids and Maple Grove. Are you willing and able to drive to the vet for both scheduled and emergency appointments as needed?

- Yes
- No

Are you able to get your fosters to adoption events on the weekends?

- Yes
- No
- Sometimes, it depends

Do you foresee any significant changes in your life in the next six months?

- Yes
- No
- Possibly, not sure

Do you have any special skills that you can use for a foster animal? Check all that apply. *

- | | |
|--|--|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Litter box/potty training |
| <input type="checkbox"/> Obedience training | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Hospice animal care |
| <input type="checkbox"/> Veterinary training | <input type="checkbox"/> No special skills |

List any behavioral/training issues you are not prepared to deal with.

List any other concerns or questions you have or any additional information that may be helpful.

Please note that this form is only the application and does not include the Foster Contract, which must be downloaded, signed, and returned to The Kittens Cradle before you can begin fostering animals. You can obtain the link to the document from the Volunteer page that brought you to this form. The Contract is the second page of that document.

I certify that all the above information is true and accurate regarding my abilities and situation as a foster parent.

Signature

Date

Print Name