



## General Fostering Information - Cats

Are you interested in fostering (check all that apply):

- |                                                          |                                                    |
|----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Orphaned kittens                | <input type="checkbox"/> Nursing cats/kittens      |
| <input type="checkbox"/> Bottle-feeding orphaned kittens | <input type="checkbox"/> Socializing feral kittens |
| <input type="checkbox"/> Cats with special needs         | <input type="checkbox"/> Sick and/or injured cats  |

Do you have experience bottle-feeding kittens? \_\_\_\_\_

Are you interested in learning how to bottle-feed? \_\_\_\_\_

Please list previous experience with those areas you checked:

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If fostering a cat and her kittens, or orphaned kittens, how long are you willing to do so?

- Until kittens are 8 weeks old/2 pounds
- As long as needed
- Until they are adopted

Where will the cat(s) be housed? (We recommend an isolated space, such as a spare bedroom, den, laundry room, or bathroom.)

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How many hours a day can you spend with the cat(s)? \_\_\_\_\_

Are you willing to (please check all that apply):

- Transport the cat(s) to one of our vet clinics for surgery? (The clinics are located in West Eugene)
- Transport the cat(s) to LCAS for vaccines/check ups as needed?
- Allow adoptive families to visit your home and meet the cats for possible adoption?
- Take pictures and resize/send them electronically for our website?
- Have a LCAS volunteer come to your home to take pictures?
- Write a description about each cat?
- Give vaccines/oral medications to cats and/or kittens?
- Learn to administer vaccines?
- Become a qualified Adoption Counselor and interview/approve potential adopters?

## Foster Family Information Sheet

Thank you for volunteering as a foster family for LCAS. Please take a moment to answer the following questions, which will provide information that will help us place cats/kittens in appropriate foster homes.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact and best available hours: \_\_\_\_\_

Are you currently fostering for another organization besides LCAS?

\_\_\_\_\_

### Household Information:

Number of adults in household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_ Ages \_\_\_\_\_

Are there other cats in the household (if yes, how many?) \_\_\_\_\_

Are they up to date on all of their vaccines? \_\_\_\_\_

Are there dogs in the household (if yes, how many?) \_\_\_\_\_

Breed(s): \_\_\_\_\_

Are they up to date on their vaccines and licensed? \_\_\_\_\_

Please describe your household. For example, is it quiet; is there lots of activity, etc

\_\_\_\_\_

\_\_\_\_\_