



www.purrpawsrescue.org

18062 FM 529, Suite 161

Cypress, TX 77433

832-295-4972

FOSTER HOME QUESTIONNAIRE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Email Address: _____

1. What do you know about Feline Leukemia (FeLV) and Feline Immunodeficiency Virus (FIV)?

2. What kind of cat would you be interested in fostering? (See Cat Quiz For Information)

3. Would you be interested in fostering a special needs cat? (FIV+, Cats that need Socialization, unweaned kittens, etc) _____

4. What time frame are you interested in fostering for?

Short Term: _____ Long Term: _____ No Preference: _____

5. Do you have space to isolate a foster, if necessary, due to illness or other conditions?

6. How do you feel about keeping a cat in a cage? _____

7. Are you able to bring the cat to adoptions on Saturday or Sunday? _____

8. Can you drive the cat to our veterinary clinic if necessary? _____

9. Do you live in: _____ House _____ Apartment _____ Condo/Townhouse
_____ Mobile Home _____ Other (_____)

10. Do you: _____ Own _____ Rent

Landlord Name & Phone: _____

11. Please list below all the people your new companion animal will be living with:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

(See Other Side)

12. Does the whole family agree to foster a pet at this time? _____ Yes _____ No

13. Who will be the primary caregiver(s) for foster(s): _____

14. Are there any children that visit your home frequently? If so, what are their ages? _____

15. Are there any regular visitors to your home, human or animal, which fosters must get along?

16. Is any member of your household allergic to cats? If so, whom? _____

17. What kind of behavior (from a cat) do you find unacceptable? _____

17. Do you have any other cats/dogs? Please list below:

Type (Cat, Dog, etc)	Breed	Neutered/Spayed	Owned for How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are your current pets up to date on vaccinations? _____

18. Have you had any pets in the past? Please list below:

Type (Cat, Dog, etc)	Breed	Neutered/Spayed	Owned for How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Do you want this animal to be: _____ Inside Only _____ Outside Only
_____ Indoor/Outdoor _____ Don't Know

20. Where will this animal be kept during the:

Day: _____ Night: _____

When no one is home: _____

21. Do you have a pet door? _____ Yes _____ No

I certify that the above information is true and understand that

Applicant Signature Date

.....
Foster Coordinator

Comments: _____

Results (circle one): A D Staff: _____ Date: _____