

Black and Orange Cat Foundation

P. O. Box 126, Plain City, Ohio 43064

(614) 873-0888 ext. 209 (phone)

(614) 873-0972 (fax)

E-mail: bandocats@columbus.rr.com

Website: www.bandocats.org

Cat Foster Care Application

Name: _____ Phone#: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Number of adults in household: _____ Number of children: _____

Number and type of pets in household: _____

Are all your pets spayed or neutered? _____

Have all other cats in your home tested negative for FELV and FIV? _____

If you do not have pets now, have you had any in the past? _____

When? _____ What happened to them? _____

Veterinarian name: _____ Phone #: _____

Reference name: _____ Phone: _____

Do you rent? _____ Own? _____ Live with parents? _____

Is it a condo, house, apartment or mobile home? _____

Landlord/parent name, if applicable: _____ Phone: _____

Name of apartment complex: _____

Have you ever fostered/adopted a pet from a rescue group or humane society?

When? _____ Name of organization: _____

Why do you want to foster cat(s) ? _____

Do you understand that:

- Cats require time to adjust to your home and family?
- Cats may chew or eat items in your house and/or scratch your furniture?
- Cats may exhibit inappropriate litter box or marking behaviors?

What steps would you take to correct these behaviors?

+++++

I understand that Black and Orange Cat Foundation reserves final judgment on foster arrangements in order to match cats with the best homes. I further understand that this application is subject to verification and may be denied.

I confirm that all of the information that I have provided in this application is true to the best of my knowledge. I understand that providing false information on this application will be grounds for denial of the application.

I agree that, in the event a foster arrangement is not successful for my family or the cat, I will return the cat to Black and Orange Cat Foundation and not surrender it to another person or agency.

If I am approved as a foster home, I agree to all terms of the B and O Foster Care Agreement (separate document).

Signature

Date

For B and O Use:

Approved: _____ Denied: _____ (reason)

Foster Representative: _____ Date: _____