|   | e-mail                |                         |                |
|---|-----------------------|-------------------------|----------------|
| Today's date  | Phone:                | Cell pho                | ne             |
| Physical address where the                                | cat will live (No Pos | stal or P.O. Boxes)     |                |
| Is this property Owned                                    | Rented                | Public housing _        | Other          |
| If other, explain   |                       |                         |                |
| Are there restrictions on the                             | property? Yes         | No If yes , what ty     | /pe            |
|   |                       |                         |                |
| Fostering Questionna                                      | aire:                 |                         |                |
| Do you have a preference of                               | gender and age of     | a cat to foster?        |                |
| Why are you interested in fo                              | stering to adopt? _   |                         |                |
| Do you have a pet in mind fr                              | om our Petfinder's    | transfer location pets? |                |
| What appealed to you abou                                 | t this pet?           |                         |                |
| Have you had pets in the pa                               | st? Wha               | at happened to them? _  |                |
| Do you have other pets now                                | /?Hov                 | v many pets?            |                |
| Name of the pets Type                                     | of pet Age/Sex        | Vaccinated?             | Spay/neutered? |
|   |                       |                         |                |
|   |                       |                         |                |
|   |                       |                         |                |
|   |                       |                         |                |
| How many hours would the                                  | net he alone during   | othe day?               |                |
|   |                       |                         |                |
| Do you agree to keep the ne                               | tilidools only        |                         |                |
| Do you agree to keep the pe<br>Are you comfortable admini | stering medication    | e?                      |                |

## References

| Please provide information v | ith one personal reference. References are checked.  |
|------------------------------|--|
| Personal reference who has   | een you around animals:  |
| Phone number:                | Email:   |
| •                            | bove is considered confidential and only be used by Gatos Borincookhared with anyone outside of this organization. |
| Thank you!                   |  |
|                              |  |