Forgotten Ones Cat Rescue and Adoption Inc.



P.O. Box 32203, Richmond Hill, ON L4C 4H0
Website: www.forgottenones.ca
Email: contact@forgottenones.ca
Registered Charity # 85159 8417 RR0001

FOSTER APPLICATION

Name		Address/City/Postal										
Home Phone #	ne Phone # Work Phone # Cell Phone			Email								
			1									
Do you live in a: { } House { } Apartment { } Town home { } Condo { } Student Housing { } C												
Are you 21 years of ag		{ }	Yes	{ }	No							
May we contact you at		{ }	Yes	{ }	No							
What time of day is it b	est to contact you? _											
If you rent, is there a re	t?	{ }	Yes	{ }	No							
Are you fostering for a		{ }	Yes	{ }	No							
Do you have access to	?	{ }	Yes	{ }	No							
How many people in the	ne household?	No. of Children	1	Ages:								
Have you had experier If yes, please explain:	nce either fostering or	raising a litter of kitte	ens?	{ }	Yes	{ }	No					
Can you be available of	on short notice?				{ }	Yes	{	} No				
Do you have any anim	al care experience yo	u think will be useful	as a foster volu	inteer?								
Do you have experience	ce administering medi	cations to animals? ((ie: pilling, ear/e	eye drops)	{ }	Yes	{	} No				
Do you have a separate and family members?	te, well-lit room to kee	p the fostered anima	ıls away from po	ets	{	} Yes	{	} No				
Describe:												
What are you intereste	ed in fostering? Chec	ck all that apply:										
{ } Cats with	ats	{ } (Orphaned	Kittens	S							
{ } Injured C	Cats { } Cat	s with URI {		{ } Other								

Where will the foster	cat (s) be when n	o one is home?				
Where will the foster	cat (s) sleep?					
Are you comfortable you are fostering?	- -	•	have been pre-ap	proved come	e into your home to visit the kittens or	cats that
Does anyone inside	the home smoke?	{ }Yes	{ }No			
CURRENT PETS: Do you have any pet If yes, please list as		{ }Yes	{ }No			
Species Eg. Dog/Cat	Breed	Declawed Yes or No	Spayed/ Neutered	Age	Date of last Vaccination	
						_
PAST PETS: If you ever lost a pet Have you ever had a If yes, when?	a cat in your home	that was diagnos	ed with Panleuko	penia? { }	Yes { } No	
Do you currently hav FIV? { } Yes {	} No	Feline Leuke	mia? { } Yes	{ } No	ia?	
VETERINARY CLIN	IC:					
Name & phone numl	per of your vetering	arian:				
authorize FOCR to v	erify any informati I be required to ag	on. I understand ree to certain term	that FOCR has the sand conditions	ne right to ref	nave given above is correct as written use my application to foster an animal ering cats. I understand that at any tin	l. I
Data:						