



1755 Williams Drive
 Stoughton, WI 53589
 (608)212-8729

Application for FOSTERING of a CAT or KITTEN

Please Print:

Name _____ Date _____

Address (No PO Box, please) _____

City _____ State _____ Zip _____

Email Address _____

Home phone _____ Work Phone _____ Cell _____

Do you live in a: House Apartment Condo Mobile Home Duplex Other _____

Do you: Rent Own Live at parent' or relatives' home

Landlord name and phone number _____

Condo association name and phone number _____

Is this your first experience with a cat? Yes No

First experience with a kitten? Yes No

I prefer a cat that: Has claws Has front paws declawed Has all four paws declawed

What animals are currently in your household?

Name	Type	Age	Sex	Altered	Where is the animal kept

Are all the animals you have now up-to-date on their rabies and distemper vaccinations? Yes No

How many hours in a day will the pet spend along? _____

Have you ever had to give up an animal? Yes No (please explain the circumstances)_____

How did you hear about Country Animal Haven? _____

What supplies will you need for the cat? Scratching post litter box toys litter food

Should medical or behavioral problems occur, are you willing to work with the cat?

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of fostering. I understand that Country Animal Haven, Inc., has the right to deny my request to foster an animal for any situation that would be contrary to the organization's policies, in violation of any state or local ordinances, or not in the best interest of the animal, as determined by Country Animal Haven, Inc. At the time that foster privileges are ended I will return all animals and equipment belonging to Country Animal Haven. I authorize investigation of all statements in this application. I also authorize my veterinarian to release any information requested by Country Animal Haven, Inc.

Signature _____ Date _____