

TABBY TOWN USA, Inc.

S1695B Stenslien Lane, Westby, WI 54667
(608) 634-4614 www.TabbyTownUSA.org

FOSTER CARE APPLICATION

Name _____
Address _____

Date _____
Phone _____
E-Mail _____

I'm willing to foster the following (check all that apply):

- Pregnant Mom Scared/Overwhelmed Young Kitten FIV (AIDS) Positive Cat
- Mom with Babies Scared/Overwhelmed Older Kitten Feline Leukemia Positive Cat
- Small Babies (1-2 mo.) Scared/Overwhelmed Adult (Female Male Either)
- Older Babies (3-4 mo.)
- Bottlefed Babies (*must have prior experience with care of orphaned kittens*)

Where would you keep the cat:

- In a Cage Spare Bedroom or Other Room Porch (Heated/ Air Conditioned) Entire House
- Other: _____

Describe your Household:

- Busy/Hectic Other Animals in Household _____
- Average Are Pets Spayed/Neutered? Yes No Current on Vaccinations? Yes No
- Quiet Ages of Children in Household _____

What do you feed your Pets (describe in detail): _____

Describe your home in a nutshell: _____

Would the cat have access to outdoors: No Yes (explain): _____

Describe your experience with cats: _____

Personal Reference: _____ Phone _____

Are you open to a home visit by Tabby Town: Yes No (Why not?) _____

I understand that any foster cat is the property of Tabby Town USA, Inc., and that I will follow all instructions given by Tabby Town pertaining to the foster cat. I agree to feed the kitty a high quality brand of cat food which under my care. When the cat is deemed adoptable by Tabby Town, I will make every attempt to get the cat to Petco or other adoption events. I have been provided the Foster Care Program Procedures.

Applicant

Date _____