



# BUTTE HUMANE SOCIETY

## CAT FOSTER APPLICATION

2579 Fair Street  
Chico CA 95928  
(530) 343-7917 Fax  
(530) 343-3734  
www.buttehumane.org

### ***PERSONAL INFORMATION***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

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### ***FOSTERING INTEREST AND AVAILABILITY***

- Bedtime (over night)       Short Term (under a month)       Long Term (over a month)
- Nursing mothers with kittens       Bottle fed kittens       Kittens (eating on their own)
- Adult cats (healthy)       Behavioral: Under socialized       Behavioral: Feral kittens
- Recovery: Surgical, injury       Medical: Viral, bacterial       Fospice: geriatric
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### ***FOSTER ENVIRONMENT***

Are there other animals in your home?     Yes     No

If yes please list them:

Name	Age	Breed	Weight (aprox)	Spayed/Neutered?
1.				
2.				
3.				
4.				

Are all your resident cats current on the following vaccinations and test?

Rabies     Yes     No      FIV/FELV     Yes     No      FVRCP     Yes     No

Are there dogs in your home?     Yes     No

Are all your resident dogs current on the following vaccinations?

Rabies     Yes     No      Bordetella     Yes     No      Parvo     Yes     No

Please list all humans who live in your home – if under 18 please list ages

Name	Relation to you (and age if under 18)
1.	
2.	
3.	
4.	
5.	

Please check the boxes that describe you residence

- House             Apartment             Acreage             1-2 bedroom             3+ bedroom  
 Moderate noise     Calm and quiet        Busy family        Quiet neighborhood     Busy neighborhood

What kind of housing would be available for your foster cat (check all that may apply)?

- Inside the house     Extra bathroom     Heated garage     Separate room     \_\_\_\_\_

Which of the following items would you need Butte Humane Society to provide for you?

- Crate             Cat food             Food/water bowls     Toys             Bedding

How many hours would your foster cat be left alone (without humans) each day? \_\_\_\_\_

If necessary could you keep your foster cat separated from you resident animals?     Yes     No

\_\_\_\_\_

**OTHER INFORMATION**

Please give us a brief description of your experience with cats \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGREEMENT**

I attest that the above information is correct and true to the best of my knowledge. I understand that submitting this application does not imply eligibility for fostering an animal. I understand that this application will be reviewed and kept on file by Butte Humane Society, and if qualified I will be contacted for fostering opportunities.

Signature \_\_\_\_\_ Date \_\_\_\_\_