

## Foster Home Information 2011:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact #: Home \_\_\_\_\_ Cell: \_\_\_\_\_

### Age groups are you willing to foster:

Kittens that need bottle-feeding \_\_\_\_\_

Older Kittens (3 – 6 m) \_\_\_\_\_

Kittens under the age of 6 weeks \_\_\_\_\_

Adult Cats \_\_\_\_\_

Kittens over the age of 6 weeks \_\_\_\_\_

FIV positive cats \_\_\_\_\_

Kittens with a mother \_\_\_\_\_

FeLV positive cats \_\_\_\_\_

### Number of cats/kittens you willing to foster:

A single kitten/cat \_\_\_\_\_

4 – 5 kittens \_\_\_\_\_

2-3 kittens/cats \_\_\_\_\_

6 or more kittens \_\_\_\_\_

Number of litters at a time?: \_\_\_\_\_ (FCCR has a 2 litters limit per foster home)

Number of other cats living in the house: \_\_\_\_\_

### I am comfortable and willing to perform the following:

Bottle-feeding & stimulating kittens \_\_\_\_\_

I am willing to learn

Administering oral liquid medications \_\_\_\_\_

I am willing to learn

Administering oral pill medications \_\_\_\_\_

I am willing to learn

Giving injectable vaccinations \_\_\_\_\_

I am willing to learn

Giving subcutaneous fluids \_\_\_\_\_

I am willing to learn