



Homeward Bound Pets Foster Parent Application

Name: _____ Are you 18 or older? _____

Address: _____ City: _____ State & Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____ How do you prefer we contact you? _____

Please check which of the following you would like to foster:

Adult Cats

Bottle Fed Kittens

Mother Cat & Kittens

Sick/Injured Cat/Kittens

Kittens

Special Needs/Long Term Cat or Kittens

Please check which of the following you are skilled to perform:

Bottle Feed Kittens

Ear Cleaning

Give Oral Medications

Care for Critical Cat/Kitten

Take Cat/Kitten's Temperature

Nail Trimming

Do you think you have any other skills you could add?

Are you interested in learning any of the above tasks? _____

Who will be responsible for caring for our foster cats/kittens? _____

List number and type of current pets:

Are your animals current on their vaccines? _____

What type of indoor confinement will you provide? (Bathroom, crate, bedroom, etc.): _____

I certify that all information is true and correct. I am at least 18 years of age, and if I rent, I have the landlord's approval. I understand that Homeward Bound Pets is not responsible for any property or personal damage, wounds inflicted, or illness caused by any of their foster cats or kittens.

Signature

Date

Print Name

HBP USE ONLY

Approved: _____ Not Approved: _____ By: _____

Comments:
