

RAPPCATS
P.O. Box 307
Washington, VA 22747
(540) 987-8099
www.RappCats.Org



Fostering Application

To our prospective foster parents: Please complete the application below carefully. The information you provide will help us match your needs and lifestyle to those of the cats we have currently awaiting a foster home.

1 . APPLICANT INFORMATION

NAME _____

ADDRESS _____

EMAIL _____

TELEPHONE (HOME) _____

(WORK) _____

EMPLOYER _____

POSITION _____

WORKSCHEDULE _____

2 . QUESTIONNAIRE

Do you live in: House Duplex Rent Own

If rental, name and telephone of landlord

How long have you lived in your residence?

Do you plan to move in the coming year?

If renting, what kind and how many pets are permissible?

How many people are in your household?

Number of: Adults _____ Children _____ Age of Children _____

Name and number of your current veterinarian

What kind of food do you feed your cats and when do you feed them? _____

If you have cats, are they: Indoor only Outdoor only Indoor/Outdoor
ALL RAPPCATS FOSTER CATS MUST BE KEPT INDOORS!!

Have you ever fostered animals for any animal shelter or humane group _____

If yes, please specify what, when and where

If no, why would you like to foster now?

Do you have a separate room or space where you would keep a foster cat? _____

Do you have a cage or crate? _____

Do you have extra cat supplies (litter pan, dishes, cat bed, etc.)? _____

What supplies would you need?

Are you willing to incur the expense of good quality food and litter for foster cat(s)? Yes No

Are you familiar with the techniques of introducing another animal into the household? Yes No

Are you willing to foster a pregnant cat or a nursing mother and kittens? Yes No

Are you willing to foster newborn orphan kittens requiring bottle feedings and special care? Yes No

Are you willing to incur the expense of kitten formula and kitten/growth dry and wet food? Yes No

Are you willing to foster kittens to the age of 8 weeks? Yes No

Please check if you are willing to foster a cat with special needs:

FeLV+ FIV+ Daily meds Recovering from surgery Diabetic Blind

Are you willing to administer medications or treatments? Yes

Are you willing to take the cat to a specified veterinarian if necessary? Yes No

Are you familiar with the techniques to socialize a difficult cat or a feral cat? Yes No

Are you willing to socialize a feral cat? Yes No

Are you willing to work with a special needs cat that has been abused, stressed, or neglected? Yes No

How long are you willing to keep a foster cat? _____

Are you willing to have a RappCats representative visit your home? Yes No

Are you willing to have prospective adopters visit your home? Yes No

Are you willing to talk to people on the telephone about your foster cat(s)? Yes No

Do you currently have pets? Yes No

Have you had pets previous to your current pets? Yes No
If yes, what happened to them?

Have you ever been convicted of animal cruelty, neglect or abandonment? Yes No

Please list the pets that are currently in your household:

Type	Sex	Age	Spayed/Neutered

Give the names and phone numbers of two references:

I /we attest to the truthfulness of the above information and agree to the terms listed in the Fostering Guidelines.

Signed: _____

Date: _____

Print name: _____

Thank you!

I/we have visited the foster home and accept it as a RappCats Foster Home.

RappCats Volunteer: _____

Date: _____

“Adopted by the RappCats Board, 2/21/2010”

