

BASTROP COUNTY ANIMAL SHELTER

Feline Foster Application

You must be over 18 to foster. All foster animals remain the legal property of BCAS. Thank you for helping us save animals.



Date _____

Please print clearly

First name _____ Last name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell _____ Work _____

Email: _____

Contact Person Primary _____ Secondary _____

What dog are you interested in fostering? Animal's name _____

Why are you interested in fostering? _____

- Would you be willing to foster?**
- | | | | | | | | | | | |
|--|--|--|------------------------------|----------------------------------|---|----------------------------------|---|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Bottle feeding kittens | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Socialization | <input type="checkbox"/> Cat | <input type="checkbox"/> Kittens | <input type="checkbox"/> Nursing Mother | <input type="checkbox"/> Injured | <input type="checkbox"/> Abused/Neglected | <input type="checkbox"/> Pregnant cat | <input type="checkbox"/> Deaf/Blind cat | <input type="checkbox"/> Other |
| <input type="checkbox"/> Recovering from surgery | | | | <input type="checkbox"/> Senior | <input type="checkbox"/> Sick | | | | | |

Do you have any experience with the above choices? Yes No

- If yes, what is your level of experience?**
- No experience** – but excited to learn
 - Some experience** – have had a pet cat or two before
 - Lots of experience** – my friends and family consider me an expert

Are you able to give: Pills Liquid Medications Injections

Do you have a separate room or area to keep your foster cat(s) away from your animals if necessary? Yes No

If an emergency arose with your foster cat(s), would you be able to take it/them to a vet? Yes No

How long are you willing to keep a foster cat?

- Short term – 1-3 weeks
- Long-term – 1-3 months
- 1-4 weeks
- 4 weeks to 3 months
- 3 months or longer

How would you describe your household?

- Very quiet** – only a few residents and not too many guests
- Average** – not too quiet but not party animals
- Very busy** – lots of people are coming in and out

How many people live in your household? Adults _____ Children _____ Seniors _____

Are you aware of any restrictions (rules from landlord, condo association, etc.) that would prevent you from fostering a cat?

It is your responsibility to ensure you are allowed pets.

- I am not allowed cats
- I can only have a limited number
- I don't know
- I can have any pet

List all of your current pets – use more space if necessary

<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	Breed _____	Age _____	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	How long owned _____
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	Breed _____	Age _____	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	How long owned _____
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<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	Breed _____	Age _____	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	How long owned _____
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	Breed _____	Age _____	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	How long owned _____

How many hours a day are you available to devote to your foster cat? _____

Would you be willing to have the foster coordinator do a home visit? Yes No

Signature _____

Print _____

Date _____ Date of Birth _____ Driver's License # _____

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PLEASE NOTE
All foster animals remain the legal property of BCAS. All policies must be adhered to.

FOR OFFICE USE ONLY
 Employee Initials _____
 Approved: YES NO

Bastrop County Animal Services
 589 Cool Water Drive
 Bastrop, TX 78602
 512.549.5160 [PHONE]
 512.303.6491 [FAX]

