**HOBO HAVEN CAT FOSTER QUESTIONNAIRE**

Applicant Name(s):

Phone# (state best time to contact)

Address:

Email address:

1. Which cat(s) are you interested in fostering?  
     
   2. Will your foster cat be kept as an indoor cat only or with access to outdoors as well? Please explain

If kept 100% indoors, please explain what you have in place in order to prevent escaping outdoors?

3. Do you prefer a declawed cat? Are you willing to foster cats with intact claws?  
  
4. What other pets do you have in the household?   
Are they all cat friendly/have been exposed to cats in the past?

Are you experienced with integrating new cats into a household with other pets?  
  
5. Do you have children? If so, what are their ages?  
  
6. Have you had cat(s) before? If so, what became of them?  
  
7. Will your cat have access to the entire house or only limited areas? Please explain  
  
8. Please provide your

Vet’s Name

Address:

Phone Number:

Fax Number:

Under what name(s) are your pet’s records?:

May we contact your vet if your application is approved for fostering? Yes or no

Please contact your vet clinic by email or phone to authorize one of our volunteers to call for a reference.

*I accept the above terms by answering yes and hence, I authorize the veterinarian listed above and their agents to release to Hobo Haven Pet Rescue any information pertinent to evaluating my history of responsible pet ownership.*

What supplies for fostering do you currently have?  
What supplies will you require? \*we provide all food, litter and anything needed, but if you have any supplies such as toys, beds etc that is always helpful.

9. All of our cats are fed a balanced raw diet, are you familiar with feeding raw?   
Comfortable feeding raw with guidance? (very simple thaw and serve premade raw food)

10. Do you own or rent your present home? If you rent, does your landlord accept pets?

Do you live in a)apartment/condo b)attached housing c) detached home

11. Are all family members agreeable to fostering a cat?   
Do all family members know about your interest in fostering a cat?

12.Does anyone in your household have known cat allergies?

What would you do if a member of your household developed allergies to the cat?

13. How would you handle it if your current pets did not accept the new pet?

Have you ever given up any of your pets (re-homed)? yes no

*If yes, why?*

Have any of your pets ever been picked up by animal control or have you been warned/ spoken to by animal control? yes or no

*If yes, why?*

Do you wish to potentially adopt this cat or just foster until a suitable home is found?

Do you foster for other rescues and if so, do you agree to not foster outside pets until our cats are adopted/moved? We do not mix our pets with other animals from other rescues due to concerns of illnesses or injuries.

Have you ever been declined a pet adoption from anyone? yes or no

*If yes, why?*

Have you ever returned an adopted pet? yes or no

*If yes, why?*

Are you willing/able to transport the cats to Arthur Vet Clinic in Arthur ON for vet appts?

Are you willing/able to pick up food/litter as needed in St Jacobs ON?

HOBO HAVEN RESCUE NETWORK

Name of applicant: Signature of applicant:

Date:

Date you are available to start fostering: