



Community Cat Companions Foster Application

Thank you for your interest in becoming a foster parent for Community Cat Companions!

Please fill out the application below and send it to comcatcomp@gmail.com

Or mail to: Community Cat Companions, 225 E. 266th Street, Euclid, OH 44132.

A member will respond within 48 hours of receiving your submission.

First and Last Name: _____

Street Address: _____ **Apt:** _____

City, State, Zip Code: _____

Primary Phone: _____ **Alternate Phone:** _____

Best time to reach you by phone: Call or Text? _____

Primary Email: _____

How many adults reside in the home? _____ **Are their children in the household?** _____

If yes, please list the ages of children in the home: _____

Does anyone in the household suffer from allergies associated to pets? ___ Yes ___ No

If yes, please describe: _____

Is everyone in the household in agreement about fostering? _____

What types of animals have you lived with or had experience with in the past? _____

Do you have an area where you could isolate foster animals from any other pets? _____

What pet(s) currently reside in the home? (list species, name, age):

Are all of your pets up-to-date on all vaccinations? _____

Are your pets spayed or neutered? _____

If no, please explain: _____

If you have cats, are they indoor only, indoor/outdoor? _____

Veterinarian Clinic Name: _____

Veterinarian Phone: _____

We will be contacting them – please reach out and give them permission to release your records

Have you been a foster volunteer before? ____ Yes ____ No
If yes, please describe your experience:

What kind of cat(s) are you willing to foster (check all that apply)?

Adult cats	
Shy or unsocialized animals	
Mother cat and kittens	
Post-operative animals	
Kittens	
Bottle babies (unweaned)*	

**Please note that unweaned kittens require round-the-clock care as they need to be fed every few hours.*

Are you able/willing to provide transportation for your foster animal(s)? ____ Yes ____ No
If no, please explain: _____

How many hours a day would your foster animal(s) be alone? _____

Would you object to a representative from Community Cat Companions coming to your home to check on the animal(s) while in your care? ____ Yes ____ No

Is there anything special we should know about you and your home? _____

Any other questions, comments or concerns? _____

Signature: _____ **Today's Date:** _____

Please do not write below this line. CCC use only.

Application Approved: _____ **Denied** _____ **Date:** _____

Reason (if denied): _____

Signature of CCC Representative: _____