



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, Inc., 225 E. 266th Street, Euclid, OH 44132.

Or text to: 216-956-5129.

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: _____

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? _____

What pet(s) currently reside in the home? _____

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

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

Are your pets spayed or neutered? _____

If no, please explain:

Current Veterinarian's Name: _____

Veterinarian Clinic Name: _____

Clinic Address: _____

Veterinarian Phone: _____



Community Cat Companions Foster Application (cont.)

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	<input type="checkbox"/>
Shy or unsocialized animals	<input type="checkbox"/>
Mother cat and kittens	<input type="checkbox"/>
Post-operative animals	<input type="checkbox"/>
Kittens	<input type="checkbox"/>
Bottle babies (unweaned)*	<input type="checkbox"/>

**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 food, litter, and 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: _____