The information provided in completing this profile will enable OPHS to find the most satisfying foster animal and experiences for you. Please complete all sections of the profile thoroughly and as honestly as possible.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Primary phone:** (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you live in a:**  [ ]  House [ ]  Apartment [ ]  Mobile Home [ ]  Condo [ ]  Duplex Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you:**  [ ]  Own [ ]  Rent Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foster’s age:** [ ]  Under 18 [ ]  18-34 [ ]  35-54 [ ]  55-74 [ ]  75+

**How many adults live in your home?** \_\_\_\_\_\_\_\_\_ **Children?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Children’s ages:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are all household members familiar with cats?** [ ]  Yes [ ]  No

**Is anyone in the home allergic to cats?** [ ]  Yes [ ]  No

**Describe any pets living in your home:** (Type of animals, male/female, spay/neuter, age, date last vaccinated):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous experience with animals, including foster experience:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you had any pets die or become lost in the past year?** [ ]  Yes [ ]  No - If yes, why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe your home’s activity level?** [ ]  Busy, active, noisy [ ]  Moderate coming and going [ ]  Quiet and calm

**How many hours per day will foster cat/kitten will be left alone?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will anyone assist you in caring for the foster cat/kitten?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would your pet(s) interact with a foster cat/kitten?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where will the cat/kitten be kept during the day?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Night?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you understand that a foster cat/kitten is to stay indoors during the duration of their foster time?** [ ]  Yes [ ]  No

**Do you have an indoor area to confine foster cat/kitten (spare room, crate, laundry room, etc.)?**  [ ]  Yes [ ]  No

**How would you feel about a decision that a cat/kitten you fostered needing to be euthanized due to untreatable health problems?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Do you accept possible aspects of fostering, such as:**

Extra litter box cleaning? [ ]  Yes [ ]  No

Destructive behavior such as chewing, mouthing, and/or scratching? [ ]  Yes [ ]  No

Excessive meowing? [ ]  Yes [ ]  No

Timid and fearful animals that may bite? [ ]  Yes [ ]  No

Sleepless nights or interrupted sleep? [ ]  Yes [ ]  No

Cats/kittens that have trouble with litterbox? [ ]  Yes [ ]  No

Sudden illness and/or death? [ ]  Yes [ ]  No

**Are you open to fostering in these scenarios? (Answering ‘no’ does not exclude you from fostering)**

 Care for an injured or sick cat/kitten on a temporary basis? [ ]  Yes [ ]  No

 Administer medicine to a cat/kitten if necessary? [ ]  Yes [ ]  No

 Care for a cat/kitten that has been recently spayed or neutered? [ ]  Yes [ ]  No

 Transport the foster cat/kitten to OPHS for medical care and adoption?[ ]  Yes [ ]  No

**Please check the type(s) of cat(s) you wish to foster:**

[ ]  Pregnant cat [ ]  Nursing mother & litter [ ]  Orphaned litter (0-4 weeks) [ ]  Weaned litter (4-10 weeks)

[ ]  Kitten [ ]  Adult cat [ ]  Senior  [ ]  Hospice [ ]  Recovering injury/surgery [ ]  On medical treatment

 **Sex:** [ ]  Male [ ]  Female [ ]  Not spayed/neutered yet?

**How long are you willing to foster a cat(s)?** [ ]  1-7 days [ ]  1-4 weeks [ ]  A few months [ ]  Until a permanent

 home is found

**Do you understand that fostering is a temporary situation until a cat/kitten has found its permanent home?**

[ ]  Yes [ ]  No

**I authorize OPHS to contact the following references:**

Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal reference (non-related): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware that any animals I foster are the property of OPHS and any and all potential adoptions of said animals must be approved through OPHS with proper paperwork completed by shelter staff.

I confirm that all information supplied on this application is true and correct. I understand that a brief home visit may be required before participation in the foster program can be approved and that training and support can be provided to me. I further understand that all veterinary care must be pre-approved by the OPHS Veterinarian or Executive Director.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your interest in joining OPHS’ Foster Care Program!**