

**Lincoln County Humane Society (LCHS)
Foster Family Information**

Thank you for volunteering as a foster family for LCHS. Please answer the following questions which will help us place cats/kittens in appropriate foster homes.

Name: Telephone #
Address: Cell #
City: Work #
Postal Code: Email address
Preferred method and times to contact you.

Household Information

Number & ages of adults in household | _____ |
Number & ages of children in household | _____ |

Other cats in household			Dogs in household		
Number	Up-to-date on vaccines		Number	Up-to-date on vaccines	
_____	Yes _____	No _____	_____	Yes _____	No _____

Breeds:

General Fostering Information

Fostering interests: *(please check all that apply)*

Long-term resident cats	Nursing cats/kittens	Cats with special needs
FIV+FELV+cats	Orphaned kittens	Sick or injured cats
Bottle feeding orphaned kittens		

Experienced in bottle-feeding kittens	Interest in learning to bottle-feed	Time available to spend with cats
Yes _____ No _____	Yes _____ No _____	_____ hours daily

Describe experience in areas checked above

Describe any experience socializing feral kittens

If fostering cat with kittens or orphaned kittens, how long are you able to do so?

Until kittens are 10 weeks old _____ as long as needed _____ until they are adopted _____

Describe space where foster cat/kittens will be housed. (spare bedroom, bathroom, laundry room, etc.)

Are you willing and able to: *check all that apply*

_____ Transport the cat(s) to and from LCHS as needed?

_____ Allow adoptive families to visit your home to meet the cat(s) for possible adoption?

_____ Take photographs of the cat/kitten for LCHS

_____ Alternatively have a LCHS volunteer take photos of cat(s) in your home?

_____ Write a description of each cat/kitten including physical and personality attributes?

Do you understand that you must work with a qualified adoption counsellor to ensure that the foster home meets the guidelines? This will include a number of home visits.

_____ Yes _____ No

Substitute foster home information (*to cover vacation or emergencies*)

Name:

Telephone #

Address:

Cell #

City:

Postal Code:

Email address

Date: _____ / _____ / _____
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