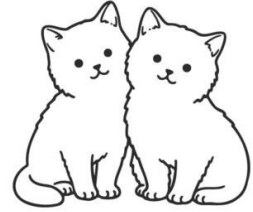




COUNTY OF BERGEN
DEPARTMENT OF HEALTH SERVICES
ANIMAL SHELTER AND ADOPTION CENTER
100 United Lane, Teterboro N.J. 07608
201-229-4600



KITTEN FOSTER APPLICATION

PLEASE PRINT CLEARLY

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Please check all the animals that you are interested in fostering:

Mothers with babies : _____

Bottle babies (1 day-4 wks old, 24/7 care): _____

Weaned kittens (4-10 weeks old): _____

Kittens needing socialization 4 wks-4mo. old): _____

2. Do you work full-time? Yes ___ No ___ If yes, how long will kittens be left alone: _____

3. Age of applicant: _____ List age/names of others currently living in the home: _____

4. Please list current pets in your home: _____

5. Are your current pets vaccinated? _____ Are they spayed/neutered? _____

6. Please list your experience with cats/kittens: _____

7. Do you have the ability to return to the shelter for frequent veterinary visits? Y ___ N ___

8. Do you have a room in your home that can be used to isolate foster kittens? Y ___ N ___

9. Who will be responsible for the primary care of the foster kittens? _____

10. How many foster kittens do you feel comfortable caring for at one time? _____

(We mostly receive litters with 3-5 kittens, but do occasionally intake singles/pairs or larger 6+ groups)

11. How did you hear about our foster program? _____

THE FOSTER PROGRAM IS NOT FOR ADOPTIONS. ALL KITTENS ARE RETURNED TO THE SHELTER TO BE PROCESSED FOR ADOPTION ONCE THEY ARE OF WEIGHT FOR SPAY/NEUTER SURGERY.

SIGNATURE: _____ DATE: _____

WE WILL NEED COPIES OF DRIVER'S LICENSE, CAR INSURANCE, AND VEHICLE REGISTRATION