

# Lycoming County SPCA Foster Family Information Sheet

Thank you for volunteering as a foster family for the Lycoming County SPCA. Please take a moment to answer the following questions, which will provide information that will help us place cats/kittens in appropriate foster homes.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email Address \_\_\_\_\_

Best way to contact and best available hours \_\_\_\_\_

Are you currently fostering for another organization besides Lycoming County SPCA ? \_\_\_\_\_

## Household Information

Number of adults in the household \_\_\_\_\_ Ages: Female \_\_\_\_\_ Male \_\_\_\_\_

Number of children in the household \_\_\_\_\_ Ages \_\_\_\_\_

Are there other cats in the household? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Are they up to date on all of their vaccines? \_\_\_\_\_

Are there dogs in the household? \_\_\_\_ If yes, how many? \_\_\_\_\_ Breed(s) \_\_\_\_\_

Are they up to date on all of their vaccines? \_\_\_\_\_

Please describe your household. For example: is it quiet, is there a lot of activity, etc.?

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# General Fostering Information

Are you interested in fostering (check all that apply):

Pregnant cats \_\_\_\_\_ Nursing cats/kittens \_\_\_\_\_ Orphaned kittens \_\_\_\_\_

Cats with special needs \_\_\_\_\_ FIV+ cats \_\_\_\_\_ Sick and/or injured cats \_\_\_\_\_

Bottle-feeding orphaned kittens \_\_\_\_\_

Do you have experience bottle-feeding kittens? \_\_\_\_\_

Are you interested in learning to bottle-feed? \_\_\_\_\_

Please list previous experience with those areas you checked: \_\_\_\_\_

\_\_\_\_\_

Do you have experience socializing feral kittens? If so, briefly describe: \_\_\_\_\_

If fostering a Mother and her kittens, or orphaned kittens, how long are you willing to do so?

Until kittens are 10 weeks old \_\_\_\_\_ As long as needed \_\_\_\_\_ Until they are adopted \_\_\_\_\_

Where will the cat(s) be housed? (We generally recommend an isolated space, such as a spare bedroom, den, laundry room, or bathroom – especially for pregnant or nursing cats.)

\_\_\_\_\_

How many hours a day can you spend with the cat(s)? \_\_\_\_\_

Are you willing to (please check all that apply):

\_\_\_\_\_ Transport the cat(s) to our vet, located in Williamsport, as needed?

\_\_\_\_\_ Allow adoptive families to visit your home and meet the cat(s) for possible adoption? Or meet them at the Lycoming County SPCA?

\_\_\_\_\_ Take pictures and have those readily available to our website coordinator?

\_\_\_\_\_ Write a description about each cat/kitten(s)?

Do you understand that in order to play an active role in the placement of the cat/kitten(s), you must work in collaboration with a qualified Lycoming County SPCA Adoption Counselor to ensure that the new home meets our guidelines? \_\_\_\_\_