



**High Desert Cat Rescue & Adoption (HDCRA)**  
**PO Box 3802**  
**Albuquerque, NM 87190-3802**  
**505-888-4327 (888-HDCR)**

Where Cats Come First

## Foster Parent Application

Thank you for your interest in volunteering as a foster parent or family for High Desert Cat Rescue and Adoption (HDCRA). Please take a moment to answer the following questions, which will provide information to help us place cats or kittens that are appropriate for your foster home.

Name \_\_\_\_\_ ID \_\_\_\_\_ Expires \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Days and hours of work \_\_\_\_\_  
 Best way to contact you and best available hours \_\_\_\_\_

### Household Information

Do you live in a: House/Apartment/Condo/Mobile Home/Military housing?      Do you: Own/Rent/Live with parents?  
 If you rent, do you have your landlord's permission to have pet(s)?    Yes    No    Not sure  
 Does your landlord require a security deposit for pets?    Yes    No    Not sure  
 Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 How long at current address? \_\_\_\_\_ Do you plan to move in next 6 months?    Yes    No    Not sure  
 Number of adults in the household \_\_\_\_\_ Ages: Female \_\_\_\_\_ Male \_\_\_\_\_  
 Number of children in the household \_\_\_\_\_ Ages \_\_\_\_\_  
 Are they all in favor of fostering cat(s)?    Yes    No    Not sure      Anyone allergic to cats?    Yes    No    Not sure  
 Please describe your household. For example, is it quiet; is there a lot of activity, etc.?  
 \_\_\_\_\_

Please list all pets you currently have in your household:

	Type of Pet	Sex	Age	Neutered?	Kept inside or outside	Any Medical Problems?
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____	_____

Are your pets up to date on all vaccinations and other necessary veterinary care?    Yes    No    Not sure  
 Who is your veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

If you are approved for fostering, who will care for the cat(s)? \_\_\_\_\_

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

Do you have a pet door? \_\_\_\_\_ Where does it lead to? \_\_\_\_\_

Do you have screens on all your windows? \_\_\_\_\_ Do you have recliner furniture? \_\_\_\_\_

How many hours per day will the cat be alone? \_\_\_\_\_ How frequently do you travel out of town? \_\_\_\_\_

Who will care for the cat when you travel? \_\_\_\_\_

If the cat gets lost, what will you do? \_\_\_\_\_

Can you take the foster cat(s) to the vet for spay/neuter or other medical treatment? Yes No Not sure

Can you take the foster cat(s) to our adoptions? Yes No Not sure

### **Fostering Interest**

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

\_\_\_\_\_ Adult cats    \_\_\_\_\_ Kittens    \_\_\_\_\_ Nursing cats/kittens    \_\_\_\_\_ Bottle babies (orphaned kittens)

\_\_\_\_\_ Pregnant cats    \_\_\_\_\_ Long-term resident cats    \_\_\_\_\_ Cats with special needs    \_\_\_\_\_ FIV+ or FELV+ cats

Do you have experience bottle-feeding kittens? Yes No

Are you interested in learning to bottle-feed? Yes No Not sure

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Name and phone number of two personal references:

\_\_\_\_\_

\_\_\_\_\_

HDCRA cats **MUST BE KEPT INDOORS**. All vet care (including vaccinations and spay/neuter) is covered by HDCRA but must first be approved. Although donated food is sometimes available, providing food, litter, toys, etc., for the cat is the foster parent's responsibility. HDCRA foster parents cannot foster for another organization.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of HDCRA Representative \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_