Cat Matchers Foster Volunteer Experience and Placement Assessment Guide

Full Name			
Have you ever fostered animals for a humane organization or	animal shelter?	Yes	_ No_
What did you foster? Fo	r how long?		
For what group? Ar	e you still with the	m? Yes	No
What kind of foster care are you interested in? (Check all that	<u>t apply)</u>		
Bottle feeding	Adults (8 months old and older)		
Young – but can eat on their own Sick or inju		ats	,
Moms with their litter Semi-feral t			
Adolescents (4 – 8 mo)	Other:		
What amount of time could you foster?			
2-3 Weeks1 month	3 months		
6 months no limit at this time		ər:	
Do you have kids in the home? Yes No	Ages:		
If not, do you ever have kids visit your home?		No	
Tell us more about the animals currently in your home? Do th dogs?			
Are your animals spayed/neutered?	Yes	N	o
Are your animals current on annual vaccines and rabies vaccine?		N	
Have your personal cats been tested for Feline Aids & Feline Leukemia?		s N	
Are any of your personal cats positive for Feline Aids?		6 N	
Are any of your personal cats positive for Feline Leukemia?		6 <u> </u>	
Do any of your animals go outside?		5 N	
Do you have a doggie door?	Yes	6 N	lo
If you have cats, are they:			
Indoor Only Indoor/Outdoor		Mostly	outdoo

Are you able to house the foster cat(s) in a separate area (enclosed) from your own animals?				
		Yes	No	
If so, where in your house?				
Is this a safe place for the fost	er cat(s) to go where they won't be	bothered by other	animals, kids, or	
adults?		Yes	No	
Describe any medical condition	ns your resident animals have, such	n as treatments, sp	pecial diet,	
medications, etc.				
Do you have experience giving	g (check all that apply):			
Pill	Vaccines	Liquid r	nedications	
Bathing a cat	Topical medications			
Do you have cat supplies (litte	r pan, dishes, cat bed, etc):			
Have	Need			
Are you familiar with the techn	iques of introducing another animal	into the househol	d?	
		Yes	No	

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