



Senior for Senior

Cat Interested in _____

The average life expectancy for an indoor cat is 12 to 20 years.

Name				
Address				
City	State	Zip Code		
Home Phone	Mobile Phone			
Email				

Applicant Information (Please list all individuals over the age of 18 in your household on the back of this page)

- Have you had pets before Yes ___ No ___
 - If yes, what type of pets? _____
- Have you given cats medication before? Yes ___ No ___
- Can you physically medicate one now? Yes ___ No ___
- Age of caregiver _____
- Any health considerations? (eg. Diabetes, wheelchair, blood thinners, arthritis, etc) _____
- _____
- Why do you want a cat? _____
- _____
- How would a cat benefit from living with you? _____
- _____

Foster Cat Preferences

- Do you prefer a Male or Female cat? Male ___ Female ___
- Do you have a hair length preference for the cat? Long ___ Medium ___ Short ___ Any ___
- Do you have a color preference? _____
- Describe any attributes you would like to see in your foster cat. _____

Pet History (continue on back page if more than 1 pets)

How many pets have you had in your household in the last 5 years? (if zero, please continue to Emergency Contact section)

Pet Name	Type /Breed	Age	Spayed or Neutered	Still in Household?	If no longer in household, please indicate what happened to the pet.

Pet Medical Information

- Do these pets receive regular veterinary care? Yes ___ No ___
- Are all pets current on their vaccines? Yes ___ No ___
- Can we contact your regular clinic or veterinarian? Yes ___ No ___
 - Veterinarian _____
 - Phone Number _____

Emergency Contact

- Name _____
- Address _____
- Phone Number _____
- Relationship to applicant _____
- Is there a person willing to assume care for the cat if the primary caregiver is unable? Yes ___ No ___
 - If yes, list contact information below Yes ___ No ___
 - Same as emergency contact Yes ___ No ___
 - Name _____
 - Address _____
 - Phone Number _____
 - Relationship to applicant _____

Consent

I hereby agree to a scheduled home visit by a Sheltering Hands representative when requested. I will contact Sheltering Hands in case of my inability to continue care for the cat in my custody or in case of medical concerns for the cats I have been assigned.

Signature _____

Date _____

For Office Use only	
Volunteer Name	Date

For Office Use Only

Cat Placed	
Description and Notes	
Cat History	
Microchip Number	
Age at Placement	
Cat Color	
Gender	Male ____ Female ____
Spayed/Neutered	
Special Needs	
Donation	Credit Card ____ Cash ____ Check ____ Check # ____ Amount _____ In Kind