



# COMMUNITY CAT WELFARE AND PROTECTION

## SOKS Foster Application

Volunteer's Name: \_\_\_\_\_  
First Last Age

Volunteer's Address: \_\_\_\_\_  
Street

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

Mailing Address (if different than above):  
\_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Alt Cell Ph. \_\_\_\_\_ E-Mail \_\_\_\_\_

### Background Information:

1. How have you heard about SOKS? \_\_\_\_\_

2. Why do you want to foster a cat? \_\_\_\_\_  
\_\_\_\_\_

3. Is there a specific age, gender, temperament that you are interested in fostering?  
\_\_\_\_\_

4. Please select where you would keep your foster cat(s) (choose one option):

both an indoor and outdoor pet

indoor only

out door only

**PLEASE MAKE SURE ALL IS LEGIBLE.  
WE WILL CONTACT YOU ABOUT YOUR APPLICATION STATUS AS SOON AS WE CAN.**



## COMMUNITY CAT WELFARE AND PROTECTION

5. How long will your foster cat be alone, and where will it stay during that time?

\_\_\_\_\_

6. Who will be primarily responsible for your foster cat's care?

\_\_\_\_\_ Age \_\_\_\_\_

7. Is **everyone** in your household in favor of fostering a cat?      Yes      No

If No, who is not in favor and how will that affect the care of animal?

\_\_\_\_\_

8. Have you ever declawed a cat? Yes      No      If no, would you consider doing it? Yes      No

9. What will you do if your foster cat develops health problems or an unwelcome behavior (e.g., cat box problems, spraying, scratching): \_\_\_\_\_

\_\_\_\_\_

### Family Information:

10. Number of adults in your household: \_\_\_\_\_

11. Number of children in your household (including child care): \_\_\_\_\_

Children's ages: \_\_\_\_\_

12. Is there a safe room to place foster cat(s) when guests are visiting, please explain:

\_\_\_\_\_

13. Number of other pets in household: \_\_\_\_\_ Please describe each pet below:

Type of Animal	Age	Gender	Spayed/Neutered?	Vaccines Current?	Where does this pet live?



## COMMUNITY CAT WELFARE AND PROTECTION

14. Have you ever had to re-home a pet?      Yes      No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

15. Have you ever had to give an animal up to an animal shelter:      Yes      No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

16. Do you own or rent the residence you reside in?      Own      Rent

If Rent, please supply contact information to verify pro-pet policy:

\_\_\_\_\_

Landlord's Name

Landlord's Phone

17. If you are unable to be at home with your foster for an extended period of time (e.g. vacation, emergency or business travel) who will take care of the foster cat(s) in your absence?

\_\_\_\_\_

18. Would you agree to a home visit to ensure it is suitable for a foster cat(s)?      Yes      No

19. Will you be able to transport to a veterinarian for any medical needs?      Yes      No

20. What do you expect from SOKS? \_\_\_\_\_

\_\_\_\_\_

Please note any additional questions or thoughts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## COMMUNITY CAT WELFARE AND PROTECTION

21. Please list three (3) references of people who know you:

Name:

Relationship:

Phone #:

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Foster animals are the property of SOKS who is responsible for their health, well-being, and care. Fostering means providing temporary care and home. If any medical questions or issues should arise, contact SOKS immediately. Written instructions regarding cat care will be provided and foster parents are required to follow them. SOKS will provide food, toys, litter, dishes, a carrier, and medical care for your foster animal.

In most cases, the animal can be adopted by the foster parent should they choose to do so. Foster parent will have first option to adopt if the animal is adoptable.

SOKS representatives take rescue very seriously and are often saving cats from adverse situations which require screening of potential foster homes. Our job is to ensure a happy future for our animals. Completion of this application allows us to envision their care and safety and your honest answers will help us with that mission. Thank you!

Your Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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**For SOKS use only:**

Accepted by SOKS rep. \_\_\_\_\_ Date \_\_\_\_\_

Application Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Site Visit Conducted by: \_\_\_\_\_ Date \_\_\_\_\_

P.O. Box 4721 | Stockton, CA 95204 | 209-623-9223

[SOKSTOCKTON.ORG](http://SOKSTOCKTON.ORG)