



Control # _____
 Return Date: _____

CAT FOSTER RETURN FORM

Please complete the following information about your foster animal. Be as honest and complete as possible. This information will help us place the animal in a home where its shortcomings will be understood and its good qualities will be appreciated. Should your foster be adopted, this information will be given to its new owner(s).

CAT INFORMATION

Name _____ Breed _____ Sex: M F
 Current Age _____ How long was cat in foster care? _____ How many siblings? _____

FOSTER HOME INFORMATION

Lived with: Single Person Couple Family w/children Other (describe) _____
 infant-3yr 4yrs-6yrs 7yrs-10yrs 11yrs-16yrs

Household energy level: Low/ Calm Mild / "on the move" High / Energetic

Animals the cat has lived with: ___Cats ___Dogs ___Rabbits ___Birds ___Reptiles ___Ferrets ___Fish
 Current Pets: Breed: _____ Sex: M F Spayed/Neutered Y N Age: _____
 Current Pets: Breed: _____ Sex: M F Spayed/Neutered Y N Age: _____

BEHAVIOR INFORMATION

Introduce me to Future Adopters: (This will be placed on their kennel card)

Behavior with children: Gentle/Tolerant Likes to Hide Plays Rough Nips/Swipes Defensively
 Protects Food/Toys Not Good With Kids Unknown Other (describe) _____

Behavior with cats: Plays Well Plays Rough Protects Food/Toys Cuddles Frightened/ Aggressive
 Ignores Others Good with some Not good with cats Unknown Other (describe) _____

Behavior with dogs: Plays Well Plays Rough Protects Food/Toys Ignores Others Aggressive
 Bossy Frightened Good with some Not good with dogs Unknown
 Other (describe) _____

Behavior with other animals: Plays Well Plays Rough Protects Food/Toys Ignores
 Aggressive Bossy/ Stalks Frightened Good with some Not Good Unknown
 Other (describe) _____

Is there any person or animal the cat does NOT get along with? Yes No
Please explain: _____

Has the cat ever shown aggression toward any of the following? Men Women Children Other
Animals Has never shown aggression

If any boxes were checked, please describe circumstances:

Personality/Temperament: Quiet/Laid back Playful Hyper Independent Needy/Dependent
 Bold/Outgoing Sociable/Friendly/Lap Cat Timid/Shy Hides Defensive
 Other (describe) _____

Work in Progress: Not Yet Housetrained Plays too Rough Escapes/Runs Away Shyness
 Car Sickness Typical Kitten Chewing Scratching Cries at Night Bites toes/fingers
 Scratches People Destructive Chewing of _____
 Excessive Vocalization Other (describe) _____

Energy Level: High Medium Low

Commands Known: Sit Lie Down "No" Shake Bedtime

Will come when called by: Whistling Kissy noises Calling "name" Clapping hands Snapping
fingers

Favorite Activities/Toys: Fetch Wand Toys Tug Toys Napping Wrestling/Biting
 Balls Squeak/ Crinkle Toys Feathers Others (list)

DAILY ROUTINE

Litter Box Habits Almost potty trained Not housetrained Covered Litter Box Open Litter Box
 Other (explain) _____

Type of litter used: _____

Type of food: Dry Canned Dry/Canned Human Food Prescription/Special Diet
Other (describe): _____

Food Availability: Fed _____ times per day Food available at all times

Brand(s) used: _____

ADDITIONAL COMMENTS

Please share anything else you would like us or a potential adopter to know about the history, temperament, behavior, health, or background of this cat.
