

Cat Foster Report

Please complete this form within two weeks of getting the cat and provide as much information as possible. Please submit updated reports when there have been any significant changes.



Type of Foster Report: Initial Report Updated Report
(For initial report, please answer as completely as possible. For updated report, only provide information that is new or updated.)

Cat's Name: _____ Date: _____

Length of time in foster care: _____

Socialization: Has the cat been exposed to?

| | | | | | | | | | | | |
|-------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|
| | Yes | No | | Yes | No | | Yes | No | | Yes | No |
| Men | <input type="checkbox"/> | <input type="checkbox"/> | Children | <input type="checkbox"/> | <input type="checkbox"/> | Dogs | <input type="checkbox"/> | <input type="checkbox"/> | Other animals | <input type="checkbox"/> | <input type="checkbox"/> |
| Women | <input type="checkbox"/> | <input type="checkbox"/> | Strangers | <input type="checkbox"/> | <input type="checkbox"/> | Cats | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Behavior: Does the cat do well with?

| | | | | | | | | | | | |
|-------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|
| | Yes | No | | Yes | No | | Yes | No | | Yes | No |
| Men | <input type="checkbox"/> | <input type="checkbox"/> | Children | <input type="checkbox"/> | <input type="checkbox"/> | Dogs | <input type="checkbox"/> | <input type="checkbox"/> | Other animals | <input type="checkbox"/> | <input type="checkbox"/> |
| Women | <input type="checkbox"/> | <input type="checkbox"/> | Strangers | <input type="checkbox"/> | <input type="checkbox"/> | Cats | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Would you describe the cat as (check as many as applies)

- | | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Reserved | <input type="checkbox"/> Independent | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Friendly | <input type="checkbox"/> Social | <input type="checkbox"/> Dominant |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Aloof | <input type="checkbox"/> Needy | <input type="checkbox"/> Submissive |

Grooming: How does the cat react to handling and grooming?

| | | | |
|--|------------------------------|-----------------------------|---|
| Can you brush him/her? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Have not tried |
| Can you clean the ears without a struggle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Have not tried |
| Can you clip the cat's nails without a struggle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Have not tried |

Diet and Eating Habits: Please indicate what you've been feeding, how often, and in what amounts.

Brand of food: _____ Dry Wet Number of feedings per day or free-fed: _____

Time of feedings: _____ Serving size per feeding: _____

Describe the cat's eating preferences:

Litter Box:

Brand of litter: _____ Prefers covered litter box? Yes No

Describe the cat's litter box preferences:

Cat Foster Report (continued)

Tell us about the cat/kitten. What is special, interesting, unusual, endearing about him or her? Are there any characteristics or comments you would like to make that will help place this cat/kitten?
