



FOSTER CAT PERSONALITY PROFILE

Please complete this questionnaire in advance and bring it in with your foster on the day of their return to the shelter. The Receiving Team will attach this form to their kennel card, which will make it available to both personnel and potential adopters. The more detailed information you provide, the better job we can do of matching your foster animal to the appropriate adoptive home. Thank you in advance!

Cat's Name _____ Animal ID # _____ Return Date: _____

Length of Time in Foster: _____ Are they returning early? No__ Yes__

Reason Fostered? Age/weight __ Medical__ Socialization__ Injury__ Shelter Vacation__

FOSTER BEHAVIOR INFORMATION

Describe the ideal home for your foster animal:

Cute things your foster does that could be endearing to a future adopter:

What kinds of routines and activities does your foster like most?

How social is your foster when meeting new people? Describe their behavior.

What are her/his favorite games and toys?

Please list anything s/he may be afraid of (e.g. thunder, vacuum, etc.)?

How does s/he react when afraid (hides, growls, etc.)?

Did s/he stay with other animals? No__ Yes__

If yes, what kind? Dogs__ Cats__ Rabbits__ Birds__ Other _____

How did s/he get along with them?



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Did s/he live with children? No__ Yes__ Ages: _____

If yes, how did s/he get along with them?

When was the cat active? Early__ Daytime__ Late__ Overnight__ All day__ Never__

Has the cat used a scratching post? No__ Yes__

Post Material: Carpet__ Sisal__ Rope__ Wood__ Combination__ Cardboard__

Please check any and all problems you may experienced with this foster cat:

Meows excessively__ Hisses__ Fearful__ Eats plants__ Tries to escape__

Jumps on counters/tables__ Wakes you overnight__ Play bites__ Bites__

FOSTER CARE INFORMATION

Food Preferred _____ Amount _____ How often? _____

Where did the cat stay during the foster period? _____

Single-level House__ Multi-level House__ Apartment/Condo__

How many litter pans did the foster have available? _____ Location/s: _____

What type of litter was used (e.g. clumping, clay, etc.)? _____

Was the litter pan hooded? No__ Yes__ Did you use litter liners? No__ Yes__

Did you add a deodorizer? No__ Yes__ Did you use a litter box mat? No__ Yes__

How often was waste scooped? _____ How often was the box completely cleaned? _____

Did the foster ever not use the litter pan? No__ Yes__

If yes, please describe the circumstances (where did s/he go, urine, stool, how often):

Additional Notes: