



COUNTY OF BERGEN
DEPARTMENT OF HEALTH SERVICES
ANIMAL SHELTER AND ADOPTION CENTER
100 United Lane, Teterboro N.J. 07608
(201) 229-4600

KITTEN FOSTER APPLICATION

PLEASE PRINT

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: ___ Zip: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Please check all the animals that you are interested in fostering:

Mothers with babies : _____ Weaned kittens (4-10 weeks): _____

Bottle babies (1 day –4 weeks) - _____ Older kittens needing socialization (4weeks -
24 hour care: _____ 4 months): _____

2. Do you work full-time? Yes ___ No ___ If yes, how long will kittens be left alone: _____

3. Please list current pets in your home: _____

4. All pets are required to have current vaccines, please attach copy of vaccine certificate(s)

5. Do you have the ability to return to the shelter for frequent veterinary visits? Y ___ N ___

6. Do you have a room in your home that can be used to isolate foster kittens? Y ___ N ___

7. Who will be responsible for the primary care of the foster kittens? _____

8. How many foster kittens do you feel comfortable caring for at one time? _____

9. How did you hear about the foster program? _____

**THE FOSTER PROGRAM IS NOT FOR ADOPTIONS. ALL KITTENS ARE RETURNED TO THE SHELTER TO
BE PROCESSED FOR ADOPTION**

SIGNATURE: _____ DATE: _____

FOR SHELTER USE ONLY

___ Lease or proof of home ownership obtained: ___yes ___no

Details:_____

___ ID with address checked: Driver License last 4 digits _____

Other ID:_____

___ DNA list checked

___ Application reviewed:

___ Approved

___ Denied

___ Medical Cleared