



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

Name: _____ Phone: _____(Home) _____(Cell)

Address: _____ City, St Zip _____

Email: _____

Please Answer The Following Questions:

1. Have you attended the Bergen County Animal Shelter Foster Program Seminar? YES NO
2. Please check all animals that you are interested in fostering:
*Mothers with babies _____ *Weaned kittens (age 4 weeks-10 weeks) _____
*24hr Care Bottle Baby Kittens (age 1 day – 4 weeks) _____ *Kittens needing behavioral socialization (age 4 weeks – 4 months) _____
3. Do you work full-time? YES NO
 a. If YES, how long will the animals be left alone for during the day? _____
4. Please list the current animals in your home _____
Are these animals up to date on their vaccines? YES NO
5. Please provide your current vet name and phone number _____

6. Do you have the ability to return to the shelter for frequent veterinary visits? YES NO
7. Do you have an area in your home that can be used to isolate foster animals? YES NO
8. Who will be responsible for the primary care of the foster animals? _____
9. How many foster animals do you feel comfortable caring for at one time? _____
10. How did you hear about the foster program? _____

I understand that this program is for fostering only and not for adoptions.

Signature

Date