



# Cat Fostering Program Application The Nine Lives Project

Please return this application to [admin@the9livesproject.org](mailto:admin@the9livesproject.org)

Thank you for your interest in fostering a cat!  
 These questions are aimed at helping us to match you to the right feline to foster.  
 Your application will always be kept strictly confidential as per our privacy policy.  
 Our mission is ensuring that your fostering is an enjoyable and successful experience!

<b>Full name:</b>					
<b>Street Name:</b>					
<b>Suburb:</b>		<b>State:</b>		<b>Postcode:</b>	
<b>Email:</b>					
<b>Mobile:</b>		<b>Alternate Phone:</b>			

<b>1. Age Range:</b> If you are under 18, you will need a parent or guardian to complete this application					
<input type="checkbox"/> 18-28	<input type="checkbox"/> 29-39	<input type="checkbox"/> 40-50	<input type="checkbox"/> 51-61	<input type="checkbox"/> 62-72	<input type="checkbox"/> 73 +
<b>2. Do you have a current driver's licence?</b>		<b>2a. Do you have a reliable vehicle?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>3. Number of people living at home</b>			<b>Ages if under 25</b>		
<b>4. Are you employed, or carry out voluntary work?</b>					
<b>Occupation / Title</b>				<b>Work Phone</b>	
<b>Full / Part time?</b>				<b>No. of hours per week</b>	
<b>5. Where do you live?</b>					
<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Apartment/Unit	<input type="checkbox"/> Rural property		
<b>6. Please provide details of your residency:</b> <i>Please note renters must provide written approval to foster cats from their landlord.</i>					
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Rental	<input type="checkbox"/> House	<input type="checkbox"/> Other		



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**7. Have you ever fostered cats or kittens before? Was it with an organisation?** If yes, please provide details, including the organisation name and if you are still fostering for them.

**8. Please tell us more about your experience level with cats (if any)**  
eg. experience bottle feeding neonatal kittens, handling scared cats, feral cats, grooming etc.

**9. Do you have any medical conditions that might mean you'll require assistance at times with your foster cat for example, attending vet visits, etc?**

(Please understand your answer is confidential and this question is simply aimed at knowing how we can support you best as a valued foster carer.)

**10. Do you currently have any pets?**

<b>Number of Cats:</b>		<b>Number of Dogs:</b>	
<b>Age Range of Cats:</b>		<b>Age Range of Dogs:</b>	
<b>11. Are your pets de-sexed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are your pets vaccinations up to date?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, which ones?</b>		<b>If no, would you be willing to update them?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**12. Please describe your current pet(s) temperament and activity level. Do they get along with cats?**

**13. Where do your current pet(s) sleep?**



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<b>14. Where will your foster feline sleep?</b> E.g. Patio, Inside, Living room, Bedroom, Laundry?				
<b>15. Please complete the section below so we may place a cat with you that suit your situation:</b> Select all that apply				
<input type="checkbox"/> Short Term Care	<input type="checkbox"/> Medium Term Care	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Emergency	<input type="checkbox"/> Respite
For people who can care from three (3) to six (6) months	For people who can care between six (6) to twelve (12) months	People who can care for the cats until they can be rehomed no matter how long it takes	This involves emergency or respite care for existing Carer's that are affected by unforeseen circumstances	
<b>16. What age group/s are you able to Foster, and how many are you willing to foster at one time (from each group if applicable)?</b> Select all that apply				
<input type="checkbox"/> Newborns to 8 wks with NO Mother (hand rearing)	<input type="checkbox"/> Newborns to 8 wks with Mother	<input type="checkbox"/> 8 wks to 1 year old	<input type="checkbox"/> 1 year old to 18 years old (seniors)	
<b>17. What Coat/Hair length are you able to Care for? All Foster Cats will need grooming.</b>				
<input type="checkbox"/> Short Coat	<input type="checkbox"/> Medium Coat	<input type="checkbox"/> Long Coat – requires daily grooming and will shed		
<b>18. How many hours a day will the foster cat/kitten be without human company?</b>				
<b>19. Does anyone in the household have allergies to any animals?</b>				
<b>20. Do you consent to a house check at your property before we place a cat in your care?</b> (Just to make sure blinds, fly screens, etc. are secure).				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>21. Emergency Contact</b>				
<b>Name:</b>		<b>Phone:</b>		
<b>Email:</b>				



## **Cat Fostering Program Application The Nine Lives Project**

**21. Is there anything else you would like to tell us about you, your family or your interest in fostering a cat?** The more information you provide, the better we will be able to determine suitability of foster care.

- You agree and understand that all foster cats and kittens will be kept INDOORS at all times.
- We would like to receive updates on progress at least weekly.
- We will require the successful applicant to sign a foster carer agreement and allow The 9 Lives Project to conduct a house check before placing cats or kittens in your care.
- We reserve the right to refuse any applicant due to suitability.
- By signing this application, you acknowledge that you have completed it truthfully.

<b>Signature:</b>		<b>Date:</b>	
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Please return this form to [admin@the9livesproject.org](mailto:admin@the9livesproject.org) or post to:

The 9 Lives Project  
P.O. Box 2783,  
Cheltenham, VIC 3192