



**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