



Brooklyn Bridge Animal Welfare Coalition, Inc.  
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## FOSTER APPLICATION

**Please fill out completely so that we may make the best possible match for you and a foster animal.  
Thank you for your time and patience in answering these questions.**

Name:

Address:

Telephone: Home:                      Work:

E-mail:

Do others live with you?  Yes  No If yes, who?

Ages of Children at home:

Is everyone in the household committed to foster?  Yes  No

Briefly describe your residence:

Does your building/landlord allow pets?                       Yes  No

Are your windows completely screened in?                       Yes  No

Do you have a  Terrace?  Balcony?  Deck?  Interior Elevator?  Washer-Dryer?

Occupation:

Work Schedule:

Does your job require travel?  Yes  No

If on vacation who will be responsible for the foster cats? (Name/Telephone)?

Do you have other pets now (species/breed/age/sex)?

Are they  Neutered/Spayed?  Vaccinated?  FeLV/FIV tested?  Declawed?

Why do you want to provide a foster home?

Have you ever cared for kittens/cats before?  Yes  No

Do you have experience in introducing a new cat into your household?  Yes  No

How long are you willing to foster a particular animal?

Week(s)      Month(s)     As long as it takes     Other:

How many cats are you willing to foster at one time?

Please check the ways you can help:

Newborn orphaned kittens (bottle-feeding every 3-4 hours for the first 3-4 weeks)

Nursing cat and kittens

Litter of kittens

Kitten(s)

Adult cat(s)

Special needs cat

Sick cat

Cat recovering from surgery

Under sozialized cat

Are you willing and able to give medications?     Yes     No

Would you be willing to socialize a feral cat?     Yes     No

How would you deal with a potential problem, such as litterbox training, spraying or scratching?

How will you transport your foster cats?

Do you have a pet carrier?     Yes     No    If yes, what size?

Will you need assistance with: Food     Yes     No      Cat litter     Yes     No       Other:

How did you find out about our foster program?

Please provide two (2) personal references (other than a family member):

Name/Address/Phone:

Relation to you:

Name/Address/Phone:

Relation to you:

**By submitting this application, I certify that all of the above information is true and correct, and I authorize Brooklyn Bridge Animal Welfare Coalition to contact all persons listed above.**

Print Name:

Date:

Signature: