

# SOLAS Cat Foster Home Check List

## Volunteer Contact Information

Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

## Adopter Contact information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_

<b>Home Description</b>	<b>Please check one (If applicable)</b>	<b>Descriptions/Comments</b>
Storm doors close?	Yes ___ No ___	_____
Latches functional?	Yes ___ No ___	_____
Other Cats in house?	Yes ___ No ___	_____
Other Pets in house?	Yes ___ No ___	_____
Current Vaccination Records on Personal pets?	Yes ___ No ___	_____
Areas in house closed to cats?	Yes ___ No ___	_____
House plants – Poisonous?	Yes ___ No ___	_____
Grooming equipment?	Yes ___ No ___	_____
Pet first aid kit?	Yes ___ No ___	_____
Storage for cat food?	Yes ___ No ___	_____
Storage area secure?	Yes ___ No ___	_____
Quiet area for Newborn delivery?	Yes ___ No ___	_____
Separate Quarantine area if multiple fosters?	Yes ___ No ___	_____
Number of scratching posts?	___ ___	_____

<b>Living Arrangements</b>	<b>Descriptions/Comments</b>
Where will the cat & kittens be when company comes?	_____
Where will the cat & kittens spend the night?	_____
Where will they spend the day?	_____
Check the areas for beds and/or crates?	_____
How often is the waste removed?	_____
Correct Number of litter boxes?	_____
Where are the food dishes kept for meals?	_____
Do other pets have access to the food?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does the area look recently cleaned? Yes  No

<b>Hazards to Cat Indoors</b>	<b>Please check one</b> (If applicable)	<b>Descriptions/Comments</b>
Is there evidence of small children?	Yes ___ No ___	_____
Are there sewing kits or bobby pins?	Yes ___ No ___	_____
Window blind cords or curtain pulls?	Yes ___ No ___	_____
Small trash cans?	Yes ___ No ___	_____
At counter level? (Point them out)	Yes ___ No ___	_____
Are there exposed electrical cords (Point them out)	Yes ___ No ___	_____
Are there chemicals in the garage, basement or storage areas? (Point them out)	Yes ___ No ___	_____
Does the cat have access to these areas?	Yes ___ No ___	_____
Do the furnishings of the house appear to be cat proof (glass objects or dried flowers, expensive rugs or furniture that could be knocked over easily or used as scratching posts)? If so, point these out.	Yes ___ No ___	_____
How is trash handled in the home?	<input type="text"/>	
Can the cats get into the cans? If so, point these out	Yes ___ No ___	_____
How long it takes to get to the nearest animal emergency hospital?	<input type="text"/>	

<b>Interaction with Current Pets</b> (If no pets use N/A)	<b>Please check one</b> (If applicable)	<b>Descriptions/Comments</b>
Are current pets well socialized?	Yes ___ No ___ N/A ___	_____
Are they reasonably clean?	Yes ___ No ___ N/A ___	_____
Are they hand shy in any way?	Yes ___ No ___ N/A ___	_____
Can you touch ears & tails?	Yes ___ No ___ N/A ___	_____
Are they friendly?	Yes ___ No ___ N/A ___	_____
How do they react towards their owners?	<input type="text"/>	
Do they respond to commands?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If not, how does the owner handle it?	<input type="text"/>	

Do you feel the Foster home will love & care for the cat properly?

Yes      No


Since we have yet to regret turning down a Foster home, does this home "feel" right?

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Any further comments or observations?

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Signature of Home Checker

Date

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