# Foster Care Cat and Kitten Details

* **SALES FORCE**
* **CAR**
* **WEBSITE**

**This is to certify that I accept that I am fostering an animal(s) which belong(s) to Sydney Dogs and Cats Home.**

Foster Carer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb: \_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_

 Postcode: \_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

**Animal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name/ID number | Breed | Sex | Age | Colour | Microchip #(last 6 digits) | Weight on P/up |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Reason/s for foster**

* Neonate/ bottle baby
* Mum and Babies
* Kittens (5 weeks and older)
* Socialization
* Medical Medication Required: (type and dosage) \_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_­

Special Requirements:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Quarantine End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaccination History and Due Dates**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Vaccination Type** | **Date****Done**  | **Next Due** | **Done** |
| **1st** |  |  |  |  |
| **2nd** |  |  |  |  |
| **3rd** |  |  |  |  |

 **Flea and Worm History and Due Dates:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Type of Worming/Flea treatment** | **Date Done** | **Next Due** | **Text**  |
| **1st** |  |  |  |  |
| **2nd** |  |  |  |  |
| **3rd** |  |  |  |  |
| **4th** |  |  |  |  |

Next Appointment Date/ Return Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_

**Check SF/ACT on departure:**

🞏 Health check/Aged

🞏 Vaccination

🞏 Microchip

🞏 Flea and Worm

🞏 Medication (if needed)

🞏 Waiver (if needed)

🞏 Scan ID (if new carer)

Next Appointment Date/Return Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_­­­\_

* **Kittens- Give small meal before 6am if being desexed that day**
* **Adult Cats/Dogs- Fast after midnight if being desexed that day**

**Foster Carer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**