**Foster Drop-Off Information Sheet**

Date: \_\_\_\_\_\_\_\_\_\_\_ Foster Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to reach you if we have questions today: ⃞ Text ⃞ Call ⃞ Email

Foster **Cats/Kittens** names and descriptions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Name/description | Pre-adopted? | # | Name/description | Pre-adopted? |
| 1 |  |  | 5 |  |  |
| 2 |  |  | 6 |  |  |
| 3 |  |  | 7 |  |  |
| 4 |  |  | 8 |  |  |

**Reason for visit:**  ⃞ Spay/Neuter ⃞ Illness ⃞ Recheck ⃞ Vaccines

Are you picking up the cat/kittens after services? ⃞ Yes \_\_\_\_\_What time? ⃞ No

Check all items returned: \_\_\_\_\_ Baby Bag \_\_\_\_\_Scale \_\_\_\_\_Carrier \_\_\_\_\_ Warming disc

**Symptoms (check all that apply):**

\*Include name if multiple kittens are here at the same time.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_Scratching | \_\_\_\_Pain | \_\_\_\_Eye Discharge |
| \_\_\_\_Vomiting | \_\_\_\_Coughing | \_\_\_\_Accidents outside the litter box\_\_\_\_Urine \_\_\_\_Feces |
| \_\_\_\_Diarrhea | \_\_\_\_Sneezing |
| \_\_\_\_Other: |
| **Details**: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Eating, Drinking and Behavior****Current diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **More than normal** | **Normal** | **Less than normal** | **None** |
| **Appetite** |  |  |  |  |
| **Thirst** |  |  |  |  |
| **Activity Level** |  |  |  |  |