

Foster Information Chart

Please use this form to keep track of your foster animal so when you visit the medical staff at the HSPC you will be able to answer any questions they may have.

Animal name	Color
Breed A&D Number _	Sex
Is the animal eating regularly?	_ If no, please describe eating habits
Note: Kittens need to eat daily. If your kit	tten is not eating please contact the shelter.
	If no, please describe drinking pattern
Does the animal have diarrhea?	If yes, for how many days?
Note: Animals that have diarrhea lasting medical staff. Please call the Adoption Co	more than 3 or 4 feedings need to be seen by HSPC ordinator for an appointment.
Please describe your foster animals activi	ity level
	tion, when was the date and time of the last dose?
If your foster kitten is over 4 weeks old a	re they using the litter box on their own?
If no, please explain.	
Other concerns:	

Animal name		

Date/Time	Ounces Fed	Weight	Medication

Date/Time	Ounces Fed	Weight	Medication

Date/Time	Ounces Fed	Weight	Medication

Date/Time	Ounces Fed	Weight	Medication

Date/Time	Ounces Fed	Weight	Medication

Date/Time	Ounces Fed	Weight	Medication