



Application to Foster

Foster Preference & Experience – check all that apply

Bottle baby kittens Weaned kittens Mom & kittens Adolescents Adults
 Seniors Timid Special Needs _____

I have socialized kittens I have bottle fed kittens I have cared for a special needs cat

If you have other animals, can you isolate new fosters for 10-14 days in a separate room/crate/playpen? _____

Can you commit to fostering for at least four weeks? _____ Do you need a starter kit of supplies? _____

Can you provide photos/videos for adoption promos? _____ Can you do meet & greets: virtual _____ in person _____

Primary Applicant

Spouse/Partner of Primary Applicant

First Name _____

First Name _____

Last Name _____

Last Name _____

Pronouns _____ Phone _____

Pronouns _____ Phone _____

Age _____ Email _____

Age _____ Email _____

Do you travel extensively? _____

Do you travel extensively? _____

Occupation _____

Occupation _____

If not employed, means of support _____

If not employed, means of support _____

If employed, employer information

If employed, employer information

Employer _____

Employer _____

Street _____ Floor/Suite _____

Street _____ Floor/Suite _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ Ext _____ Start Date _____

Phone _____ Ext _____ Start Date _____

Residence where animal(s) will live

Street _____ Apt _____

Do you own/rent/sublet? _____

City _____ State _____ Zip _____

Is this a house/apartment/other? _____

Length of time at this address? _____

Are companion animals permitted? _____

Hours your animal be alone each day _____

Would you move somewhere that does not permit companion animals? _____

Do all windows have screens? _____

Who else lives in the home?

Screens are: built-in _____ accordion _____

Children? _____ Ages _____

Is there a balcony or terrace? _____

Roommates? _____ Ages _____

Is it enclosed top to bottom? _____

Other? _____ Ages _____

Does it have a screen door? _____

Person allergic to cats? _____ Smoker? _____

Is there a backyard? _____ Fenced in? _____

Will your animal go outside? _____



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References	Companion Animal History
<p>Business Reference (manager, co-worker, client)</p> <p>Name _____</p> <p>Phone _____ Ext _____</p> <p>Affiliation _____ Years known _____</p> <p>Personal Reference who knows your history with animals</p> <p>Name _____</p> <p>Phone _____</p> <p>Affiliation _____ Years known _____</p> <p>Email _____</p> <p>Veterinarian for current or previous animals</p> <p>Clinic Name _____</p> <p>Street _____ Suite _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____</p> <p>Name records are under _____</p>	<p>Have you had companion animals before? ___ If so, where are they now? _____</p> <p>Have you given up an animal for adoption? ___ If so, why? _____</p> <p>If you have companion animals now, what kind/how many/age(s)? _____</p> <hr/> <p>Are they up-to-date on vaccinations? _____</p> <p>Spayed/neutered? ___ Cats: FIV+ ___ FeLV+ ___</p> <p>How do you feel about declawing? _____</p> <p>If your current or prior cat was declawed, why? _____</p> <hr/> <p>Who will care for the animal if you are away? _____</p> <hr/>

Is there anything else you want us to know?

Certification / Authorization

- The information provided on this application is complete and accurate to the best of my knowledge.
- I am fostering this animal as a foster companion animal for myself.
- No one in the household has been convicted of animal neglect, animal cruelty, or domestic violence.
- I authorize FOR ANIMALS, INC. to contact all references provided.
- I understand that completion of this form is the first step in the foster process and does not guarantee a foster.
- I understand that approval to foster does not guarantee approval to adopt.
- FOR ANIMALS, INC. reserves the right to make an in-home screening.
- If for any reason whatsoever I cannot continue to foster, I agree to return the animal(s) to FOR ANIMALS, INC. and only to FOR ANIMALS, INC.

Primary Applicant

I acknowledge that I have read and agree to the numbered items above.

Signature _____ Date _____

Spouse/Partner of Primary Applicant

I acknowledge that I have read and agree to the numbered items above.

Signature _____ Date _____

I want to receive For Animals, Inc.'s newsletter. (We do not send many; you can unsubscribe anytime.)