



Application to Foster

Section 1 – Foster Preference and Experience – Check all that apply

Bottle baby kittens _____ Weaned kittens _____ Mom & kittens _____ Adolescents _____

Adults _____ Seniors _____ Timid _____ Special needs _____

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

Can you commit to foster for at least 6 weeks? _____ Can you supply food and litter? _____

Can you provide photos/videos for adoption promos? _____ Will you update us at least weekly? _____

Can you do meet & greets? Video _____ in-person _____

Describe any prior foster experience _____

Section 2 – Foster Applicant

If there is a second applicant, please have them complete **Section 4**.
All applicants must sign **Section 5** below.

Shaded fields are required by law in New York City

Legal first name _____ Legal last name _____

Date of birth _____ Preferred first name _____

Pronouns _____ Phone _____ Email _____

Are you allergic to cats? _____ Do you plan to travel extensively or move abroad? _____

Who will care for your animal if you are away? _____

Who will care for your animal if you are no longer able to? _____

Occupation _____

If not employed, means of support _____

If employed, employer information

Employer _____

Street _____ Floor/Suite _____

City _____ State _____ Zip _____

Phone _____ Ext _____ Start Date _____



Application to Foster

Business reference (e.g., manager, colleague, client)

First Name _____ Last name _____
 Phone _____ Ext _____ Email _____
 Affiliation _____ Years known _____

Personal reference (someone who knows your history with animals)

First Name _____ Last name _____
 Phone _____ Ext _____ Email _____
 Affiliation _____ Years known _____

Veterinarian for Current or Previous Animals

Clinic name _____
 Street _____ Suite _____
 City _____ State _____ Zip _____
 Animal(s) name(s) _____
 Name of person records are listed under _____

Companion Animal History

Have you had companion animals before? _____
 If so, what kind (e.g., cats, dogs) and where are they now? _____

 Have you given up a companion animal for adoption? If so, why? _____

 How do you feel about declawing? _____
 Have you previously had, a cat that was declawed? _____
 If yes, why was the cat declawed? _____

Section 3 - Residence where animal(s) will live

Street _____ Apt _____
 City _____ State _____ Zip _____
 Apartment _____ House _____ Other, please describe _____



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Is this the primary residence of the applicant? _____

If there is a second applicant, is this the primary residence of that applicant? _____

Own _____ Rent _____ Sublet _____ Other, please describe _____

How have you lived at this address? _____

Are companion animals allowed? _____

How many hours a day will the animal(s) be left alone? _____

Do all windows have screens? _____ If so, built-in _____ or accordion _____

If no screens, how much do the windows open _____

If no screens, is there a safety mechanism to restrict the opening? _____

Is there a balcony or terrace? _____ If so, is it entirely enclosed? _____

Is there a yard? _____ If so, is it fenced in? _____

Will the animal(s) go outside? _____

Do other people in addition to the adopter(s) live in the home?

Legal Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is anyone in the home: allergic to cats? _____ a smoker? _____

Do other animals live in the home?

Species	Breed	Age	M/F	Sterilized	Vaccinated
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are any cats positive for FIV+? _____ FeLV+? _____ Declawed? _____

If any cats are declawed, why? _____



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Section 4 – Second Foster Applicant (if applicable)

Shaded fields are required by law in New York City

Legal first name _____ Legal last name _____

Date of birth _____ Preferred first name _____

Pronouns _____ Phone _____ Email _____

Are you allergic to cats? _____ Do you plan to travel extensively or move abroad? _____

Relationship to Applicant 1 _____ Occupation _____

If not employed, means of support _____

If employed, employer information

Employer _____

Street _____ Floor/Suite _____

City _____ State _____ Zip _____

Phone _____ Ext _____ Start Date _____

Business reference (e.g., manager, colleague, client)

First Name _____ Last name _____

Phone _____ Ext _____ Email _____

Affiliation _____ Years known _____

Personal reference (someone who knows your history with animals)

First Name _____ Last name _____

Phone _____ Ext _____ Email _____

Affiliation _____ Years known _____

Veterinarian for Current or Previous Animals

Clinic name _____

Street _____ Suite _____

City _____ State _____ Zip _____

Animal(s) name(s) _____

Name of person records are listed under _____



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Companion Animal History

Have you had companion animals before? _____

If so, what kind (e.g., cats, dogs) and where are they now? _____

Have you given up a companion animal for adoption? If so, why? _____

How do you feel about declawing? _____

Have you previously had, a cat that was declawed? _____

If yes, why was the cat declawed? _____



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Section 5 - Certification / Authorization

1. The information provided on this application is complete and accurate to the best of my knowledge.
2. I understand that completion of this form is the first step in the foster process and does not guarantee a foster.
3. Approval to foster does not guarantee approval to adopt. If I want to adopt my foster animal, I must notify FOR ANIMALS, INC. and seek approval to adopt.
4. I am fostering this animal as a companion animal for myself. This animal will not be a mouser, store cat, barn cat, etc. This animal is not a gift.
5. No one in the household has been convicted of animal neglect, animal cruelty, or domestic violence.
6. I authorize FOR ANIMALS, INC. to contact all references provided.
7. FOR ANIMALS, INC. reserves the right to make an in-home screening visit and, if a foster is approved, to deliver the animal(s) to ensure that I will provide a hazard free home.
8. 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. or to another foster or adopter approved by FOR ANIMALS, INC.

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

Signature _____ Date _____

Foster

Signature _____ Date _____

Second Foster
(if applicable)