



Cat Foster Application

Date: _____

Name of Applicant/Cat's Primary Caregiver: _____

Co-Applicant's Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Best time to contact: _____ E-mail: _____

Date of birth: _____

Emergency phone (give name & phone):

Please list any other adults living in household:

Please list names and ages of ANY children who either live with you or visit you on a regular basis (include any grandchildren or other relatives):

Names, ages, spay/neuter status, species (dog, cat, etc.), & breed of ALL pets in your household:

1. _____
2. _____
3. _____
4. _____
5. _____

How do your animal(s) react to cats? (Friendly, submissive, growls, etc.):

Are ALL cats in your household current on ALL recommended and/or required vaccinations? Yes/No

Please list dates of last vaccination:

Rabies _____ FVRCP _____ Leukemia _____

Has your cat(s) been tested for Felv/FIV? Yes/No

Are ALL animals in your household spayed/neutered? Yes/No

Name, address, & phone of current Veterinary Clinic and/or Veterinarian:

Have you ever had a cat diagnosed and/or treated for any of the following: Calicivirus, Herpes, Leukemia, Feline Aids, heartworms, FIP? Yes/No

If yes, please explain:

Do you own/rent? Live in (circle one): House/Townhouse/Apartment/Duplex/Trailer/Other

Do you have the landlord's permission to have another animal in the home? Yes/No

Landlord's name, address, & phone number:

Do you allow your cat(s) to go outside? Yes/No

Do you have a doggy door? Yes/No

Will you be able to restrict the foster cat from going outdoors? Yes/No

_____(Initial) I understand that ARF cats/kittens are to be indoor only companions when adopted, as such, I will ensure that they stay indoors while in my fostered care.

Will you be able to isolate this cat from your other animals? Yes/No Where: _____

_____(Initial) I understand that ARF will inform me of any medical or behavioral issues or needs of any new cat/kitten that I bring into my home. I understand that something may arise while in my care and I will notify the appropriate ARF rep immediately.

_____ (Initial) I understand that there will be appointments and surgeries scheduled for my foster animal(s). I will work with the appropriate ARF rep to make sure my foster makes it to the needed appointments. If I cannot make an appointment I will notify the appropriate ARF rep to reschedule at least 24 hrs in advance.

How many cats/kittens are you willing to foster at one time? (on occasion there may be a pair who need to remain together if possible or a litter of kittens): _____

What are you interested in fostering: (Please circle all that apply)

Adult cats

Young kittens

Pregnant or nursing mother cats

Injured, sick or malnourished cats/kittens

Bottle babies

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Please send the completed form and Volunteer Waiver to the address below, give it to an ARF volunteer or drop it by Earthwise Pet Supply:

Animal Rescue Foundation of Texas

2311 Cross Timbers Rd
Suite 307
Flower Mound, TX 75028

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