



FOSTER APPLICATION

Full Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

How long have you lived at this address: _____

Home Phone Number: _____ Cell Phone Number: _____ Text? Y N

Email Address: _____ EMPLOYER _____

Best Way to Reach You? (Circle One) CELL TEXT EMAIL HOME PHONE

I _____ (NAME OF FOSTER APPLICANT), AGREE THAT ALL STATEMENTS IN THIS APPLICATION ARE MADE BASED ON PERSONAL KNOWLEDGE AND ARE MADE FOR THE PURPOSE OF MY APPLICATION TO FOSTER ONE OR MORE ANIMAS THROUGH THE LOVING CARE CAT RESCUE ORGANIZATION.

NUMBER OF RESCUED CATS OR KITTENS THAT YOU ARE ABLE TO FOSTER:

WHO WILL BE THE PRIMARY CAREGIVER OF THE CAT OR KITTENS?

RESTRICTIONS ON THE TYPES OF CATS AND KITTENS YOU ARE AVAILABLE TO FOSTER: (PLEASE EXPLAIN IF ANY).

NUMBER OF ADULTS AND CHILDREN IN YOUR HOME:

WHERE WILL FOSTER CAT OR KITTEN BE LOCATED IN YOUR HOME?

HOW LONG WILL YOU BE ABLE TO FOSTER THE CAT/KITTENS?

WHAT OTHER PETS DO YOU HAVE IN YOUR HOME?

WHAT EXPERIENCE DO YOU HAVE WITH CATS/KITTENS?

ARE YOU ABLE TO PROVIDE PROPER NOURISHMENT FOR THE CAT/KITTENS IN YOUR CARE?

DO YOU RENT OR OWN YOUR HOME?

IF YOU RENT, DOES YOUR LANDLORD APPROVE OF CATS AND KITTENS ON THE PREMISES?

NAME OF LANDLORD AND TELEPHONE NUMBER:

PLEASE PROVIDE NAME AND TELEPHONE NUMBER OF MOST RECENT VETERINARIAN:

CAN YOU PROVIDE EMERGENCY TRANSPORTATION FOR THE CAT/KITTENS IN YOUR CARE?

SIGNATURE OF APPLICANT:

LCCR REPRESENTATIVE:

DATE: