



Foster Application

bellaspromisepr@gmail.com

Name: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work phone: _____

Date of Birth: _____ Driver's License # /State Issued: _____

Occupation: _____ Other Rescue Affiliation: _____

Personal or Vet Reference: _____

Would you agree to a home visit? _____ Are you on Facebook? _____

Do you live in a: **HOUSE APARTMENT CONDO TOWNHOUSE MOBILE HOME**

Do you: **OWN RENT** How long have you been at this address? _____

If renting, provide any pet restrictions: _____

If renting*, Landlord's name and phone: _____

**Renters must provide a copy of a lease which permits pets.*

Are you in the process of moving, or anticipate moving in the next 12 months? **YES NO**

Do you have a room/area to keep the foster pet(s) separate from other pets? **YES NO**

Will the foster pet be kept separate or mixed with household pets? _____

How many hours in an average day will the foster pet be alone? _____

Number of adults in the home (21+): _____ Children and ages: _____

Does anyone in the household have allergies to animals? **YES NO** If YES, what kind? _____

Has anyone in household been charged with an animal related offense? **YES NO**

If YES, explain: _____

Please describe the pets currently living in household.

Number of Cats ___ Ages ___ Have cats tested negative for FeLV/FIV? **YES NO**

Number of Dogs ___ Ages ___ Breeds _____

Are cats declawed? **YES NO** Are dogs on Heartworm Prevention? **YES NO**

Are all pets spayed/neutered? **YES NO** Are pets up to date on vaccines? **YES NO**

Are pets on flea prevention? **YES NO** Are pets indoors or outdoors? _____

What is your past and/or current experience with cats?

1st time owner _____ Care for friend's _____ Owned as a child _____ As an adult _____

Explain prior foster experience: _____

Do you have experience with special needs? _____

Please check all that you are interested in:

_____ Bottle babies beginning at age _____ Nursing mothers with kittens

_____ Transitional kittens (4-6 wks) _____ Kittens (6+ wks)

_____ Kittens needing socialization _____ Teen kittens (5-6+ months)

_____ Adults _____ Seniors

_____ Medical needs (upper respiratory, injured, etc. needing separate space)

Do you need a crate or tent to contain foster pet? **YES NO**

Would you like food, litter, and other supplies provided? **YES NO**

If you would prefer to foster a particular category above, please let us know if you would prefer to transfer the fosters to a different foster at a certain age or status.

Please let us know anything else that would help us pair you with a perfect match:

References and Contacts

Veterinarian Name/Clinic: _____

Address: _____ Phone: _____

Do you give permission to RU4Me Pet Rescue to contact your veterinarian for a reference and information on your current and past pets? **YES NO**

Please list one personal reference:

Name: _____ Relationship: _____ Phone: _____

Provide a name and number of someone who will contact the rescue in the event you are not able to contact us:

Name: _____ Phone: _____ Email: _____

Please note that foster cats and kittens must be kept indoors only, and should be separated from household pets when left alone. In particular, young kittens should be contained in a small room, tent, or crate when left alone for their safety from household hazards.

I, _____, I declare that the information given is true and correct.