



PET REFUGE (NKEAPL)
FOSTER HOME APPLICATION

APPLICATION DATE:

Name:

Address:

City:

State:

Zip:

How long at this address:

Date of birth:

Driver's license #

Phone #

Email:

Occupation and employer:

Why do you want to foster cats?

Do you currently have or previously had other animal companions? Yes No

If yes, please answer the questions below. If pet is deceased, indicate by "D" after name & year of death

Names & ages of cat(s)

Are/were any cats declawed?

Are/were cats allowed outdoors?

Are/were the cats spayed or neutered?

Are/were the cats tested for Felv/FIV?

Are/were the cats up to date on vaccines?

Do any other animals besides cats live in the house?

If yes, number and species of other pets:

Have you previously fostered cats or kittens?

What age range of cat/kitten are you willing to foster?

Are you willing to foster a special needs cat (e.g., blind, diabetic, etc.)?

If yes, please indicate what types of special needs:

Are you willing to foster an Felv positive cat?

Are you willing to foster an FIV positive cat?

If interested in fostering kittens, do you have experience bottle feeding?

Do you live in a: House/Apartment/ Mobile Home/ Condo:

Do you own your home (means tax bill in your name or spouse)?

If renting, landlord's name/address/land line phone number) (Or bring in lease):

Where will the foster cat spend their days and nights? Check off all that apply:

Only Indoors

In/out during the day

Indoors at night

Outdoors most of the time

Screened Porch

Open Deck

Single Room

Basement

Garage

Barn

Other (Explain Below)

Have you ever adopted from a rescue group?

If yes, which group & when?

Do you still have the pet? If no, what happened to pet?

Have you ever applied to foster or adopt and been denied?

If yes, which shelter or rescue?

Have you ever brought an animal to a shelter or gave it away or "lost" it? (i.e. disappeared, hit by car, etc.)

If yes, describe circumstances

Is there any behavior that would make you declaw your cat ? If yes, explain.

Would you move if you cannot take your pets? If yes, what would you do with your pets?

Full names/ages of those living with you

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Is anyone in the home allergic to cats?

Do we have permission to contact your vet to discuss current or past pets?

Please provide name/address/phone number of Current or Previous Veterinarian(s):

Email completed application to sheltermanager@thepetrefuge.org

Incomplete applications will not be considered. Please take the time to include phone numbers, addresses, and all requested information. Information discovered to be false will result in automatic denial. You agree that we have the right to verify any information on this application and that we may do a criminal record check. Submission does not guarantee approval. Pet Refuge reserves the right to deny the application at our discretion.

My signature below signifies that all the information provided on this application is true and accurate. To “sign electronically,” please type your name below.

Applicant's signature

This application is property of Pet Refuge and may not be altered or used for any purpose other than for application to Pet Refuge (NKEAPL, Inc.)

* end of application *