



## Foster Care Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\* Please asterisk your preferred contact number.

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Who will be the primary caretaker for the foster animal(s)? \_\_\_\_\_

Are you 18 years old or older?  Yes  No

### Household Information

Do you:  Own  Rent  Apartment  House  Condo

Landlord's Name (if applicable) \_\_\_\_\_

Landlord's Telephone: \_\_\_\_\_

Does your lease allow cats?  Yes  No

Have you spoken with your landlord about fostering for FARS?  Yes  No

How many adults are in your household? \_\_\_\_\_ How many children? \_\_\_\_\_

Please list the ages of the children in your household: \_\_\_\_\_

Do all members of your household wish to foster animals for FARS? \_\_\_\_\_

Does anyone in your household have allergies to cats? \_\_\_\_\_

If yes, how do you cope with this? \_\_\_\_\_

**General Information**

How did you hear about the Foster Care Program? \_\_\_\_\_

Would you permit a FARS staff person to visit your home?     Yes     No

Have you ever administered medication to a dog or cat before?  Yes     No

Have you attended any formal animal care or training classes?  Yes     No

If yes, please explain? \_\_\_\_\_

Do you provide foster care for any other organizations?     Yes     No

If yes, which organization? \_\_\_\_\_

Why are you interested in becoming a Foster Caregiver? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the area where your foster animal(s) will be housed and cared for: \_\_\_\_\_

\_\_\_\_\_

How will you segregate the foster animals from your own pets? \_\_\_\_\_

\_\_\_\_\_

Do you have your own transportation?     Yes     No

**Pet Information**

Do you have any pets now?     Yes     No

Please list your current pets (if any):

Name	Species	Breed	Age	Sex (spay/neuter: Yes or No)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who is your current veterinarian? \_\_\_\_\_

Veterinarian's phone number? \_\_\_\_\_

Do your pets have any behavioral or chronic illnesses? If so, please explain: \_\_\_\_\_

Are your cat's Rabies and Distemper vaccinations up-to-date?  Yes  No

Have you had any other pets in the past 10 years?  Yes  No

If yes, where are they now? \_\_\_\_\_

**Please check the following situations below that you feel you would be able to foster:**

- Adult Cat/s
- Cats that are ill (such as a cat cold)
- Cats that require medication
- Kitten/s needing socialization
- Pregnant Cat
- Mother Cat and Kittens
- Hospice
- Orphaned Kittens, 4-10 weeks
- Orphaned Kittens, 0-4 weeks  
(24 hour care)

**References**

Please provide contact information for two individuals who are not directly related to you, have known you for at least two years and can discuss your personal character, strengths and weaknesses, reliability, and other issues relevant to your ability to be a Foster Home.

Your references will be contacted by phone by the Foster Care Coordinator. Please be sure to inform them so they are prepared to speak about you.

**Reference 1:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please mail completed application to: Feline Adoption & Rescue Society, P.O. Box 2163, Natick, MA 01760  
You may also scan the application and e-mail it to: [info@felineadoptions.org](mailto:info@felineadoptions.org).