



## FOSTER CARE APPLICATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

Significant Other \_\_\_\_\_ Mailing address \_\_\_\_\_

Tel. no. (day) \_\_\_\_\_ (evening) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Best time to call \_\_\_\_\_ Email address \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_; Landlord's name & no. \_\_\_\_\_

How long have you lived there? \_\_\_\_\_; Are you planning to move? \_\_\_\_\_

No. of adults in home: \_\_\_\_\_; No. of children: \_\_\_\_\_; Ages: \_\_\_\_\_; Are you planning to have a child? \_\_\_\_\_

Does anyone in your family have allergies? \_\_\_\_\_

Please list your current pet(s) – Name, age, Species (dog/cat), gender and breed:

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Are they spayed/neutered? \_\_\_\_\_; Regular health checkups? \_\_\_\_\_

Up to date on vaccinations? \_\_\_\_\_ flea treatment when necessary \_\_\_\_\_

If you currently do not have any pets, please list the last pet you had and when \_\_\_\_\_

Veterinary reference: \_\_\_\_\_

*Please call your vet and give consent to release medical information to prevent delay or denial of your application.*

Are you planning on integrating foster cats with your pets? \_\_\_\_\_

Please list two personal references (name, address, and tel. no.):

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### Foster Information:

How long are you willing to foster a particular animal ? (circle one)

Week            month            as long as needed            other \_\_\_\_\_

Please describe where the cat(s) will stay during the day, at night, and when you aren't home: \_\_\_\_\_

Please check the type of animals you would be interested in fostering:

- Newborn litter of kittens (orphaned, to bottle feed and wean)
- Mother and kittens
- single kitten
- special needs – medical
- special needs – behavioral (socialization of timid, frightened cats)
- Adult female/male
- Elderly (over 10)
- Any

Please tell us about any experience you have with any of the above \_\_\_\_\_

Are you willing to transport the cat for any necessary veterinary care? Voice for Animals uses vets in Somersworth and Rochester, NH

Are you willing to meet with a potential adopter either at your home or theirs? \_\_\_\_\_

Are you willing to purchase food and litter the cat(s) and be reimbursed by Voice for Animals? \_\_\_\_\_

Have you ever fostered for another organization? \_\_\_\_\_ May we contact them? \_\_\_\_\_ if yes, please list organization and phone number \_\_\_\_\_

I certify that the above information is true and I authorize Voice for Animals to check my references.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

**Office use:**

\_\_\_\_\_  
VFA representative

Home visit? \_\_\_\_\_; Landlord permission \_\_\_\_\_  
References: Vet. \_\_\_\_\_; Personal \_\_\_\_\_

Approved \_\_\_\_; Denied \_\_\_\_ (Reason) \_\_\_\_\_