



ACR Foster Application 2020

About you

Full Name *

First Name

Last Name

Your age *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Area Code

Phone Number

Cell/Alternate Phone

Area Code

Phone Number

E-mail *

About fostering

Are you interested in fostering a specific cat you saw on our website? *

What date are you available to begin fostering? *

Are you able to foster until adoption or is there an end date when the cat would need to be rehomed if not adopted? *

Do you have any upcoming vacations or other plans that will have an impact on your fostering? *

Please tell us about your experience with cats and other pets, both current and former. *

Do you have temporary animals in your household from other rescue organizations? *

Are you interested in fostering adult cats or kittens? *

Adult cats

Kittens

It does not matter to me

If prefer kittens, what age range?

Are you open to fostering a senior cat? *

Yes

No

Do you want to foster a single cat or are you open to fostering a bonded pair? *

Single Cat

Bonded Pair

Either

Do you prefer a male or female cat? *

Female

Male

Either

Are you okay with a cat who might want to sleep in bed with you? *

Yes

No

Does not matter

What kind of kitty personality do you think would be a good match for you (shy, playful, calm, independent, etc)? *

Are you open to fostering a cat or kittens who will be shy, need some socialization or who might take time before allowing petting? *

Are you comfortable fostering a cat who might nip, bite or swat? *

Would you be interested in fostering a cat with some physical challenges? *

Do you have any experience giving a cat medicine and are you comfortable doing so with a foster? *

Are pets allowed? *

Yes

No

Not sure, I have to check

Your Household

Type of Residence *

Apartment

House

Rent/Own *

Rent

Own

of Bedrooms *

of Bathrooms *

How many people reside in your household? *

If more than 1, you will be asked to enter Name, Age and Relationship for each additional household member.

Person 1, Name, Age, Relationship

Person 2, 3, etc.: Name, Age , Relationship

Is anyone residing in your household allergic to cats? *

Yes

No

Do you have a smoke detector? *

Yes

No

Do the windows in your apartment all have screens? If not, we can recommend screens or locks, depending on how the windows are built. *

Yes

No

Do you have a deck, terrace or balcony? *

Deck

Terrace

Balcony

Will you keep the cat indoors or outdoors? *

Indoors only

Outdoors only

Both

If you have roommates, did they all agree that it's okay to have a foster cat in your apartment? *

Yes

No

Are you able to isolate a new cat in a separate room? *

Yes

No

How will you prevent furniture scratching? *

Pet History

If you currently have a pet, please answer the questions below.

Do you currently have pets? *

Cats

Dogs

No

Name, age and type of Pet *

Are your current pets: *

Not vaccinated

Not Spayed/ Neutered

Spayed/Neutered

Up-to-date on vaccination

Not applicable

In case of an emergency, is there a contingency plan in place for your current and/ or future pet should you decide to adopt. Please explain. *

Vet Reference

If you do not currently have a vet, please enter a former vet.

Vet Clinic Name (for current or recent pet) *

Doctor Name *

What do you feed your pets? *

List brand names and types, i.e. Wellness wet canned food, Nutro dry food, etc.

Vet Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Vet Phone *

Area Code Phone Number

Is this your current or former vet? *

Current

Former

If you decided to adopt your foster cat, would you declaw? *

No

Yes

Have you ever declawed before? *

No

Yes

Cat was already declawed

Employment

Applicant's Occupation/Title *

Employer Name *

Employer Address

Street Address

Street Address Line 2

Retired? *

Yes

No

Business Ref Name *

First Name

Last Name

Email *

example@example.com

Personal Reference

Personal Ref Name *

First Name

Last Name

Phone Number *

Area Code

Phone Number

Email *

example@example.com

References

References from various sources are essential to your application approval. The #1 delay in application processing is due to delays in getting responses from references. With that in mind, choose individuals that can easily be contacted via email or phone. If you do not have a business reference, please enter a second personal reference instead.

How did you hear about Anjellicle Cats Rescue?

Do you have any questions or is there anything else you'd like to tell us about your expectations for fostering?

Phone Number *

Area Code Phone Number

Thank you!

Please press the submit button below to finish!