



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 *	



example@example.com

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
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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? *
Toster? "
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. * $\begin{tabular}{l} Yes \\ No \end{tabular}$
Do you have a deck, terrace or balcony? * Deck Terrace Balcony

will you keep the cat indoors of 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? *
now will you prevent furniture scratching:
Pet History
If you currently have a pet, please answer the questions below.
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 *
maine, age and type of ret

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 have decreased to the Malling and the second field blokes decreased to the
List brand names and types, i.e. Wellness wet canned food, Nutro dry food, etc. Vet Address
101/1001000

Street Address		
Street Address Line 2		
Vet Phone *		
Area Code	Phone Number	
Is this your current or form Current Former If you decided to adopt you how how he had not been held to adopt you have he had not been held to adopt you have he had not been held to be	ner vet? * ur foster cat, would you declaw? *	
No Yes Cat was already declawed		
Employment		
Applicant's Occupation/Title *		
Employer Name *		

Employer Address	
Street Address	
Street Address Line 2	
City	State / Province
Postal / Zip Code	
Retired? * Yes No	
Professional 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

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References from various sources are helpful to your application approval. We can not process an application if you do not provide 2 references. Please choose individuals who can easily be contacted via email, phone or text to avoid delays. A professional reference can be an industry colleague or co-worker, it does not have to be a boss/supervisor.

How did you hear	about Anjellicle Cats Rescue?
Do you have any of fostering?	questions or is there anything else you'd like to tell us about your expectations fo
Phone Number *	
Area Code	Phone Number
	Thank you!

Please press the submit button below to finish!