



Foster Application

Date: _____

(Please Print)

Name: _____ Driver's Lic. # _____

Street Address: _____ Home Phone: _____

City & Zip Code: _____ Work Phone: _____

Name and phone of a friend/relative who does not live with you: _____

Name of your veterinarian: _____ Address: _____

Type of housing: [] Own House [] Own Condo [] Rent House [] Rent Apt [] Rent Mobile Home [] Military Housing

If you rent, what is your landlord's name? _____ Phone # _____

How long at present address? Years _____ Months _____

How many adults in household? ___ Children ___ Children's Ages _____ Allergies _____

Who will be responsible for the cat's care? _____

CURRENT PETS: Please include all pets, including small caged and barnyard animals.

Table with 6 columns: Type of Pet, Age, Sex, Spayed/Neutered, Kept In/Out, How long owned? Includes three rows of blank space for data entry.

PET HISTORY: List pets owned in the past 5 years (other than those above)

Table with 5 columns: Type of Pet, Spayed/Neutered, Kept In/Out, How long owned?, What happened to pet? Includes three rows of blank space for data entry.

Reason for wanting to foster? [] Mouser [] Company for other pet [] Companion

Additional reasons: _____

Type of cat preferred: _____ Age _____ [] Male [] Female

Length of time during the day the cat will be left alone: _____

When away on an extended trip, what have you planned for your foster cat's care? _____

Where will the cat be kept during the day? _____ At night? _____

Do you have screens on your windows? _____

Will you allow follow-up visits to your house by a representative from the Marin Cat Connection? [] Yes [] No

I certify all the information in the application is true. I understand that false information may void the application.

Signature: _____ Date: _____