



Animal Household Members	Age	Breed	Sex	Date of Rabies Vaccination

Please list any additional animal and human household members in the additional information section.

Name of Vet Clinic: \_\_\_\_\_ Phone # \_\_\_\_\_

In order to be approved to foster for Kindred Cat and Kitten rescue, all animals in your home must be vaccinated against rabies.

Please consult your veterinarian about fostering. They may recommend additional vaccinations to protect your pets.

By providing this information you agree to allow us to contact your veterinarian/clinic as a part of our foster screening. Please contact your veterinarian/clinic to authorize your veterinarian/clinic to release any relative information and records to a representative of our rescue.

What type of housing do you live in? \_\_\_\_\_

Do you own or rent your residence? \_\_\_\_\_

If you rent, what is name of landlord and phone number?

\_\_\_\_\_

Are pets allowed? \_\_\_\_\_

If needed, do you have approval to have a foster pet in your home?    \_\_\_ Yes    \_\_\_ No

Describe where you will be keeping the foster animals, including how you will separate them from your own animals, if applicable:

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Approximately how long, on an average day, will foster animals be left alone in the home (without people to monitor eating, behavior and elimination)?

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Previous experience with animals:

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Are you currently or have you previously fostered for any other humane organization? If so, which one?

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My household is able to foster: (mark all that apply)

<b>Cats and Kittens</b>	
<input type="checkbox"/>	Pregnant cat
<input type="checkbox"/>	Nursing mother cat and litter
<input type="checkbox"/>	Kittens: 0-4 weeks of age
<input type="checkbox"/>	Older kittens: 4-10 weeks of age
<input type="checkbox"/>	Adult cat
<input type="checkbox"/>	Recovering from injury or surgery
<input type="checkbox"/>	On treatment for a cold
<input type="checkbox"/>	On treatment for ringworm
<input type="checkbox"/>	Needing behavioral modification

Anything else you would like to share about yourself or your experience?

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Where did you hear about us? \_\_\_\_\_

**We verify veterinarian records for any pets currently or previously in your care. We require to speak with your Landlord if you are a renter.**

**By signing this application I certify the information provided on this application is true and accurate to the best of my knowledge. I also understand that falsified information or significant omissions will disqualify me from further consideration as a foster home of a Kindred Cat and Kitten Rescue animal. I also agree to a home inspection at any time by a Kindred Cat and Kitten Rescue representative.**

Signature: \_\_\_\_\_

Print: \_\_\_\_\_