



PO Box 239, Bulverde, TX 78163
 Helpline: 210-474-0083
www.animalrescueconnections.org

Foster Home Application

Name: _____

Home Phone: _____

Address: _____

Work/cell Phone: _____

Email: _____

1. Do you currently have pets? If yes, please list them (canine/feline) with ages below:

Name	Dog/Cat/Other	Age	S/N ?	Vax?	Name	Dog/Cat/Other	Age	S/N?	Vax?

2. If you have cats do they live outside inside/outside inside only

3. Have you fostered cats before? Yes No
 If yes, for whom: _____

4. Can you give injections? Yes No
 If no, are you willing to learn? Yes No

5. What ages of cats are you willing to foster? Adults Kittens

6. How many cats can you foster at one time? _____

7. Are you willing to bottle-feed kittens? Yes No

8. How many adults _____ and children _____ are in your household?
 What ages are any children? _____

9. How many hours of the day will the cats be left alone? _____

10. Does anyone in your family have allergies? Yes No
 If yes please explain _____

11. Name and phone number of the veterinary clinic you use:

12. Are you able to bring foster cats to adoption venues and vet appointments? Yes No

13. We need at least 2 weeks notice for the return of foster cats. Are you willing to abide by this:
Yes No

14. Are you willing to work through cat behavior issues? Yes No

15. Are you able to isolate foster cats from your resident cats? Yes No

I certify all above info is true and that I am willing to abide by the rules and statements mentioned above.

Signature: _____

Date _____