



**FOSTER APPLICATION**

**LOVING CARE CAT RESCUE**

EMAIL: [LOVINGCARECATRESCUE@GMAIL.COM](mailto:LOVINGCARECATRESCUE@GMAIL.COM)

WEBSITE: [HTTPS://LOVINGCARECATRESCUE.ORG/](https://lovingcarecatrescue.org/)

LIKE US ON FACEBOOK: [HTTPS://WWW.FACEBOOK.COM/LOVINGCARECATRESCUE](https://www.facebook.com/LovingCareCatRescue)

RETURN TO: [LOVINGCARECATRESCUE@GMAIL.COM](mailto:LOVINGCARECATRESCUE@GMAIL.COM)

FULL NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY:

\_\_\_\_\_

STATE:

\_\_\_\_\_

ZIP:

\_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

\_\_\_\_\_

HOME PHONE:

\_\_\_\_\_

CELL PHONE:

\_\_\_\_\_

TEXT?:

Yes

No

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

IN WHAT YEAR WERE YOU BORN?

\_\_\_\_\_

BEST WAY TO REACH YOU (CIRCLE ONE):

CELL

TEXT

EMAIL

HOME

I, \_\_\_\_\_ (NAME OF FOSTER APPLICANT), AGREE THAT ALL STATEMENTS IN THIS APPLICATION ARE MADE BASED ON PERSONAL KNOWLEDGE AND ARE MADE FOR THE PURPOSE OF MY APPLICATION TO FOSTER ONE OR MORE ANIMALS THROUGH THE LOVING CARE CAT RESCUE ORGANIZATION.

WILL YOU BE A ONE-TIME OR LONG-TERM FOSTER?

\_\_\_\_\_

IF YOU ALREADY HAVE THE CATS IN YOUR CARE AND YOU ARE WORKING WITH AN LCCR REPRESENTATIVE, PLEASE PROVIDE THAT PERSON'S NAME.

\_\_\_\_\_

NUMBER OF RESCUED CATS OR KITTENS THAT YOU ARE ABLE TO FOSTER:

\_\_\_\_\_

WHO WILL BE THE PRIMARY CAREGIVER OF THE CATS OR KITTENS?

\_\_\_\_\_

RESTRICTIONS ON THE TYPES OF CATS AND KITTENS YOU ARE AVAILABLE TO FOSTER (PLEASE EXPLAIN IF ANY):

\_\_\_\_\_

NUMBER OF ADULTS IN YOUR HOME?

NUMBER OF CHILDREN (UNDER 18 YEARS) IN YOUR HOME?

\_\_\_\_\_

**WHERE WILL THE FOSTER CAT OR KITTEN BE LOCATED IN YOUR HOME? DO YOU HAVE A SEPARATE AREA TO KEEP CATS/KITTENS?**

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**HOW LONG WILL YOU BE ABLE TO FOSTER THE CATS OR KITTENS?**

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**WHAT OTHER PETS DO YOU HAVE IN YOUR HOME? PLEASE SPECIFY IF ALL SPAYED OR NEUTERED AND UP TO DATE ON RABIES AND DISTEMPER (FVRCP) VACCINES?**

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**LIST AT LEAST ONE REFERENCE (WHO IS **NOT** A FAMILY MEMBER, SPOUSE, PARTNER, BOYFRIEND OR GIRLFRIEND) WHO IS FAMILIAR WITH YOU AND YOUR ABILITY TO CARE FOR PETS – NAME, RELATIONSHIP, PHONE NUMBER. HOW LONG HAVE YOU KNOWN THIS PERSON?\***

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**WHAT EXPERIENCE DO YOU HAVE WITH CATS/KITTENS?**

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**ARE YOU ABLE TO PROVIDE PROPER NOURISHMENT FOR THE CATS/KITTENS IN YOUR CARE?**

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**DO YOU RENT OR OWN YOUR HOME?**

*IF YOU RENT, WE WILL CONTACT YOUR LANDLORD.*

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**NAME OF LANDLORD AND TELEPHONE NUMBER?**

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**PLEASE PROVIDE THE NAME AND NUMBER OF YOUR MOST CURRENT VETERINARIAN:**

**\*\* PLEASE CONTACT YOUR VETERINARIAN TO AUTHORIZE THE RELEASE OF YOUR INFORMATION TO LOVING CARE CAT RESCUE \*\***

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**DO YOU HAVE THE ABILITY TO TRANSPORT YOUR FOSTER TO ROUTINE AND EMERGENCY VET APPOINTMENTS?**

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**AS A LCCR FOSTER, YOU WILL OCCASIONALLY BE CALLED UPON TO COMMUNICATE TO APPLICANTS THAT THEY HAVE BEEN DENIED APPROVAL TO ADOPT FROM US. ARE YOU COMFORTABLE WITH THIS?**

**YES NO**

**I UNDERSTAND THAT, IF APPROVED, I WILL NEED TO BE AWARE OF THE FOLLOWING:**

- AS PART OF THE APPLICATION PROCESS, LCCR WILL MEET WITH YOU TO PROVIDE INFORMATION AND BE AVAILABLE FOR ANY QUESTIONS YOU MAY HAVE. A HOME VISIT COULD OCCUR AS WELL.
- WE WANT TO HELP KEEP YOUR OWN KITTIES WELL, THEREFORE WE REQUEST THAT YOU HAVE A SEPARATE SPACE IN WHICH TO QUARANTINE NEW FOSTER KITTIES FOR 14 DAYS BEFORE INTRODUCING THEM TO YOUR HOUSEHOLD, AND THAT YOUR PERSONAL CATS ARE KEPT UP TO DATE ON RABIES AND DISTEMPER VACCINATIONS.
- ADOPTION RESPONSIBILITIES INCLUDE PROVIDING PHOTOS AND INFORMATION OF YOUR KITTIES FOR ONLINE ADVERTISEMENT, REVIEWING POTENTIAL ADOPTER APPLICATIONS, DISCUSSIONS WITH POTENTIAL ADOPTERS, AND GUIDING THE ADOPTER THROUGH THE ADOPTION PROCESS.
- IT IS ADVISABLE THAT TRANSPORTATION IS READILY AVAILABLE AS FOSTER KITTIES WILL NEED TO BE TAKEN TO SPAY / NEUTER APPOINTMENTS AND FOR VACCINATIONS, AS WELL AS TO SEE A VETERINARIAN IF HEALTH CONCERNS ARISE.
- LCCR WILL TRAIN YOU TO GIVE SOME ORAL MEDICATIONS.

**BY SUBMITTING THIS APPLICATION TO LOVING CARE CAT RESCUE,**

**I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I CONSENT TO VERIFICATION OF ALL INFORMATION PROVIDED ON THIS APPLICATION.**

**SIGNATURE OF APPLICANT:**

**DATE:**

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF LCCR**

**REPRESENTATIVE:**

**DATE:**

\_\_\_\_\_

\_\_\_\_\_