



Cat Foster Application

Please complete this application and return to:

The Ark of San Juan

Post Office Box 117, San Juan Capistrano, CA 92693

Telephone: (949) 388-0034 e-mail: cat@arkofsanjuan.org

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Best times to call: _____ Number to call (Home Cell Work)

How many are in your household? _____ If there are children, what are their ages? _____

Do you live in a: _____ House _____ Condo _____ Apartment _____ Mobile Home _____ Other

Do you: _____ own _____ rent

If you rent, do you have your landlord's permission to foster a pet? _____

If you rent, may we contact your landlord? _____ Yes _____ No Name and Phone Number of your landlord: _____

Who will participate in caring for the foster cat other than you? _____

What days and hours would the foster animal be left alone? _____

Do you currently have any other pets? _____ Yes _____ No If so, how many, what species, breed, sex and age? _____

Are you aware of how to introduce a new animal to other pets in your household? _____

Do you have experience fostering pets? _____ If so, with what organization(s): _____

How many and what sex of cats will you foster at one time? _____

Length of time you are willing to foster: _____

The Ark of San Juan, Companion Animal Rescue
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(949) 388-0034; E-mail: cat@arkofsanjuan.org
www.arkofsanjuan.org

Are you willing to keep the foster cat as an indoor pet only? _____

Where will the animal be kept while he or she is alone? _____

Are you aware of positive reinforcement training methods to handle issues such as scratching, spraying, and introduction of new cats into a household? _____

If so, what types of methods are you familiar with? _____

Do you have experience in medicating cats? _____ If so, please describe _____

Where will the cat sleep at night? _____

What circumstances would cause you to return a foster cat in your care? _____

Would you let one of our representatives visit your home by appointment? _____

Any additional comments? _____

By signing below, I state that I have read and completed this form, and that all of the information given in this application is true and complete.

Signature

Date