



WHO IS YOUR CURRENT (OR MOST RECENT) VETERINARIAN?

\_\_\_\_\_

VETERINARIAN NAME & PRACTICE

\_\_\_\_\_

PHONE NUMBER

WHERE WILL YOUR CATS/KITTENS SPEND MOST OF THEIR TIME?

\_\_\_\_\_

(CATS AND KITTENS IN FOSTER CARE SHOULD BE STRICTLY KEPT INDOORS)

PLEASE PROVIDE 3 PERSONAL REFERENCES (ONLY 1 CAN BE A RELATIVE) THAT CAN TESTIFY TO YOUR RESPONSIBILITY AND ABILITY TO CARE FOR YOUR ANIMALS:

REFERENCE #1

NAME & RELATION TO SELF: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REFERENCE #2

NAME & RELATION TO SELF: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REFERENCE #3

NAME & RELATION TO SELF: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PROVIDE ANY ADDITIONAL INFORMATION WE SHOULD KNOW ABOUT YOU:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below: I confirm that all information is true and correct to the best of my knowledge. I also agree that if I am approved as a foster, I will provide all care in accordance to Ace's Sanctuary & Cat Rescue guidance. I understand that I may be removed as a foster if at any point there is concern for the health or safety of the cats/kittens in my care.

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**

SUBMIT TO: [acessanctuary@gmail.com](mailto:acessanctuary@gmail.com)

DATE REVIEWED: \_\_\_\_\_

APPROVED/DECLINED

INT: \_\_\_\_\_

REASON IF DECLINED: \_\_\_\_\_

\_\_\_\_\_