



Foster Caregiver Application

1925 S. Tamiami Trail, Venice FL 34293 🐾 941.492.6200

TELL US ABOUT YOURSELF

Name:	Spouse/Partner:
Street Address:	Phone-Cell:
City/State/Zip:	Phone-Home:
Email:	Phone-Work:

TELL US ABOUT YOUR CURRENT PETS

# of Dogs:	Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age:			
# of Cats:	Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Indoor/Outdoor
Other:						

TELL US ABOUT WHERE THE FOSTER CAT/KITTEN WILL STAY

Do you Own or Rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent If Rent, please provide copy of your lease.		
# of Adults:	# of Children:	Ages of Children:
Does anyone have allergies to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how severe?		
Where will the foster cat/kitten be kept while living with you?		
Do the adults in the household work outside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how long would the foster cat/kitten be left alone during the day?		

TELL US ABOUT YOUR FOSTERING PREFERENCES and EXPERIENCE

Are you able to foster year-round? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, when are you <u>not</u> available?	
What types of cats are you interested in fostering? (Check all that apply)	
<input type="checkbox"/> Pregnant cat (and kittens after birth)	<input type="checkbox"/> Mother cat with kittens
<input type="checkbox"/> Kittens younger than 6 weeks without mother	<input type="checkbox"/> Kittens older than 6 weeks without mother
<input type="checkbox"/> Adult cat	<input type="checkbox"/> Senior cat
<input type="checkbox"/> Feral cat/kitten	<input type="checkbox"/> Cat with special needs
<input type="checkbox"/> Cat recovering from illness or injury	<input type="checkbox"/> Cat/kitten with behavioral challenges
Do you have fostering experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:	

By signing this application, I agree and understand that:

- I must be 21 years of age or older and provide photo ID.
- I must provide proof of home ownership (property tax record) or lease showing pets allowed.
- Approval is contingent upon a home visit by a St. Francis representative.

Signature of Applicant: _____ Date: _____

Submit completed form to: St. Francis Animal Rescue, 1925 S. Tamiami Trail, Venice FL 34293 - or - Email sfarvenice@gmail.com

For Office Use

Residence Verified: Property Tax Lease Other _____
Foster Approval: Yes Approved by: _____
 No If No, please explain: _____

[rev03.03.22]