**Shape, circle

Description automatically generatedFoster 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?  Yes  No Age: |
| # of Cats:       Spayed/Neutered?  Yes  No Age:        Indoor  Outdoor  Indoor/Outdoor |
| Other: |

**TELL US ABOUT WHERE THE FOSTER CAT/KITTEN WILL STAY**

|  |  |  |
| --- | --- | --- |
| Do you Own or Rent your home?  Own  Rent If Rent, please provide copy of your lease. | | |
| # of Adults: | # of Children: | Ages of Children: |
| Does anyone have allergies to cats?  Yes  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?  Yes  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?  Yes  No If No, when are you not available? | |
| What types of cats are you interested in fostering? (Check all that apply) | |
| Pregnant cat (and kittens after birth) | Mother cat with kittens |
| Kittens younger than 6 weeks without mother | Kittens older than 6 weeks without mother |
| Adult cat | Senior cat |
| Feral cat/kitten | Cat with special needs |
| Cat recovering from illness or injury | Cat/kitten with behavioral challenges |
| Do you have fostering experience?  Yes  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](mailto: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]