**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? [ ]  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 [ ]  NoIf 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

**For Office Use**

Residence Verified: [ ]  Property Tax [ ]  Lease [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Approval: [ ]  Yes Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No If No, please explain: [rev03.03.22]