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 ☐ 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 <u>not</u> 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