



300 Lynwood Street      Fall River, MA 02721  
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[www.foreverpaws.com](http://www.foreverpaws.com)

### Feline Foster Care Application

- Please complete this application. Incomplete applications will not be considered. \*

ID#: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

WORK/CELL: \_\_\_\_\_

\*\*\*\*\*

HOME OWNERSHIP (check one):    OWN \_\_\_\_\_    RENT: \_\_\_\_\_

If Renting, provide Landlord name and Number: \_\_\_\_\_

Why do you want to foster an animal? \_\_\_\_\_

\_\_\_\_\_

Do you have any experience fostering? \_\_\_\_\_

\_\_\_\_\_

Does your entire family want to foster an animal? \_\_\_\_\_

Do you have pets at home?    \_\_\_ No    \_\_\_ Yes (If yes, please tell us about them.)

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Are the animals listed up to date with their vaccinations?    Yes \_\_\_    No \_\_\_

Name/Phone # of your Veterinarian (Current/Past): \_\_\_\_\_

Can we contact your Veterinarian?    Yes \_\_\_    No \_\_\_

Do your pets get along with other animals?    Yes \_\_\_    No \_\_\_    If no, is there a separate room for  
Shelter animals to live in your home?    Yes \_\_\_    No \_\_\_



Would you consider fostering an animal with an illness? Yes \_\_\_\_ No \_\_\_\_ If yes, are you able to isolate the foster animal from your pets? Yes \_\_\_\_ No \_\_\_\_

How many hours per day would the foster animal be left alone per day? \_\_\_\_\_

Are you able to spend ample time with the foster animal socializing him/her? Yes \_\_\_\_ No \_\_\_\_

\*\*\*\*\*

By signing below you acknowledge that the information you provided is true and accurate to the best of your knowledge. You also acknowledge that this application does not guarantee you will be approved as a Forever Paws Animal Shelter Foster Family.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Future Consideration \_\_\_\_\_