



FOSTER APPLICATION

LOVING CARE CAT RESCUE

EMAIL: LOVINGCARECATRESCUE@GMAIL.COM

WEBSITE: [HTTPS://LOVINGCARECATRESCUE.ORG/](https://lovingcarecatrescue.org/)

LIKE US ON FACEBOOK: [HTTPS://WWW.FACEBOOK.COM/LOVINGCARECATRESCUE](https://www.facebook.com/LovingCareCatRescue)

RETURN TO: LOVINGCARECATRESCUE@GMAIL.COM

FULL NAME:

ADDRESS:

CITY:

STATE:

ZIP:

HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

HOME PHONE:

CELL PHONE:

TEXT?:

Yes

No

EMAIL ADDRESS:

IN WHAT YEAR WERE YOU BORN?

BEST WAY TO REACH YOU (CIRCLE ONE):

CELL

TEXT

EMAIL

HOME

I, _____ (NAME OF FOSTER APPLICANT), AGREE THAT ALL STATEMENTS IN THIS APPLICATION ARE MADE BASED ON PERSONAL KNOWLEDGE AND ARE MADE FOR THE PURPOSE OF MY APPLICATION TO FOSTER ONE OR MORE ANIMALS THROUGH THE LOVING CARE CAT RESCUE ORGANIZATION.

WILL YOU BE A ONE-TIME OR LONG-TERM FOSTER?

IF YOU ALREADY HAVE THE CATS IN YOUR CARE AND YOU ARE WORKING

WITH AN LCCR REPRESENTATIVE, PLEASE PROVIDE THAT PERSON'S NAME.

NUMBER OF RESCUED CATS OR KITTENS THAT YOU ARE ABLE TO FOSTER:

WHO WILL BE THE PRIMARY CAREGIVER OF THE CATS OR KITTENS?

RESTRICTIONS ON THE TYPES OF CATS AND KITTENS YOU ARE AVAILABLE TO FOSTER (PLEASE EXPLAIN IF ANY):

NUMBER OF ADULTS IN YOUR HOME?

NUMBER OF CHILDREN (UNDER 18 YEARS) IN YOUR HOME?

WHERE WILL THE FOSTER CAT OR KITTEN BE LOCATED IN YOUR HOME? DO YOU HAVE A SEPARATE AREA TO KEEP CATS/KITTENS?

HOW LONG WILL YOU BE ABLE TO FOSTER THE CATS OR KITTENS?

WHAT OTHER PETS DO YOU HAVE IN YOUR HOME? PLEASE SPECIFY IF ALL SPAYED OR NEUTERED AND UP TO DATE ON RABIES AND DISTEMPER (FVRCP) VACCINES?

LIST AT LEAST ONE REFERENCE (WHO IS **NOT A FAMILY MEMBER, SPOUSE, PARTNER, BOYFRIEND OR GIRLFRIEND) WHO IS FAMILIAR WITH YOU AND YOUR ABILITY TO CARE FOR PETS – NAME, RELATIONSHIP, PHONE NUMBER. HOW LONG HAVE YOU KNOWN THIS PERSON?***

WHAT EXPERIENCE DO YOU HAVE WITH CATS/KITTENS?

ARE YOU ABLE TO PROVIDE PROPER NOURISHMENT FOR THE CATS/KITTENS IN YOUR CARE?

DO YOU RENT OR OWN YOUR HOME?

IF YOU RENT, WE WILL CONTACT YOUR LANDLORD.

NAME OF LANDLORD AND TELEPHONE NUMBER?

PLEASE PROVIDE THE NAME AND NUMBER OF YOUR MOST CURRENT VETERINARIAN:

**** PLEASE CONTACT YOUR VETERINARIAN TO AUTHORIZE THE RELEASE OF YOUR INFORMATION TO LOVING CARE CAT RESCUE ****

DO YOU HAVE THE ABILITY TO TRANSPORT YOUR FOSTER TO ROUTINE AND EMERGENCY VET APPOINTMENTS?

AS A LCCR FOSTER, YOU WILL OCCASIONALLY BE CALLED UPON TO COMMUNICATE TO APPLICANTS THAT THEY HAVE BEEN DENIED APPROVAL TO ADOPT FROM US. ARE YOU COMFORTABLE WITH THIS?

YES NO

I UNDERSTAND THAT, IF APPROVED, I WILL NEED TO ADHERE TO THE FOLLOWING LCCR GUIDELINES:

- MY HOME MUST BE FLEA, TICK, AND PARASITE FREE.
- MY HOME MUST BE CLEAN AND PRESENTABLE FOR THE HEALTH OF THE CATS/KITTENS AND FOR POTENTIAL ADOPTER VISITS. (INCLUDING CLEAN LITTER, FOOD BOWLS, ETC.)
- I WILL KEEP MY PERSONAL CATS UP TO DATE ON RABIES AND DISTEMPER (FVRCP) VACCINES AT ALL TIMES.
- I WILL HANDLE THE ADOPTION OF MY FOSTER(S) INCLUDING INTERVIEWING POTENTIAL ADOPTERS, ADOPTION PAPERWORK, COLLECTION AND DEPOSIT OF MONIES COLLECTED.
- I WILL SUBMIT THE REQUIRED KITTY INFORMATION AND PHOTOS FOR ADOPTION ADVERTISEMENT AS SOON AS POSSIBLE AFTER ACCEPTING MY FOSTER(S).
- AS PART OF THE APPLICATION PROCESS, I WILL BE INTERVIEWED AND LCCR MAY DO A HOME CHECK.
- I WILL NEED TRANSPORTATION AND WILL BE EXPECTED TO TAKE MY FOSTERS FOR MEDICAL PROCEDURES, VACCINATIONS, AND SPAY/NEUTER APPOINTMENTS AS NEEDED AND RECORD EVERYTHING DONE ON THE LCCR MEDICAL RECORD FORM.
- I WILL ADMINISTER MEDICATIONS AND TRACK MEDICATIONS AND ALL MEDICAL TREATMENTS ON THE LCCR MEDICAL RECORD FORM.
- I WILL HOLD THE FOSTER IN MY CARE UNTIL ADOPTION.

BY SUBMITTING THIS APPLICATION TO LOVING CARE CAT RESCUE,

**I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I
CONSENT TO VERIFICATION OF ALL INFORMATION PROVIDED ON THIS APPLICATION.**

SIGNATURE OF APPLICANT:

DATE:

SIGNATURE OF LCCR

REPRESENTATIVE:

DATE: