



P.O. Box 6722 • Longview, TX 75608
 www.thecatsmeowrescue.org
 thecatsmeowrescue@yahoo.com

Personal Information

Applicant's Name		
Spouse/Partner Name		
Phone Number	Home:	Cell:
Address		
Age		
Email Address		
Place of Employment		

Home, Family, Living Circumstances

Family living in the home	Adults:	Children:
		Ages:
Do all members of the household have knowledge of, and support, fostering this cat? Yes _____ No _____		
Does anyone in your household have allergies to animals? Yes ____ No ____		
Do you:	Own Home:	Own Condo:
	Rent Home:	Rent Condo:
	Rent Apartment:	Live with someone:
	Live in mobile home park:	
	Other:	
Landlord Contact Information: Name:		
Phone:		
Address:		
Have you, or anyone in your present household, ever been convicted of animal cruelty, dog fighting, or related crime?		
If yes, please explain:		

Pet Information- Current

How many animals do you have now? Dogs: _____ Cats: _____ Other: _____
Please list the name, breed, gender and ages for your current pets:
Are your pets spayed or neutered? Yes _____ No _____
If not, why?
Are your pets current on vaccinations? Yes _____ No _____
If not, why?
Have your current cats been tested for feline leukemia/FIV? Yes _____ No _____ Don't Know _____
If you have pets, will they adjust to a new cat in the house? Yes _____ No _____ Don't Know _____
Do you have a cat or dog door? Yes _____ No _____

Veterinarian Information

Who is your veterinarian?
Address
Phone
How long has this been your primary vet?
May we contact your veterinarian? Yes _____ No _____

Care and Planning

Do you have the ability to separate the foster kitty(s) from your household pets for the required 14-day health quarantine period? Yes _____ No _____
Are you prepared to care for the foster cat(s) in your home for as long as it takes until the cat is adopted into a permanent home? Even if this end up being several month or even years? Yes _____ No _____
If you go away for a few days, or on a vacation, who will take care of the cat?

Additional Comments

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Please Read: By signing this application, you authorize The Cat's Meow Rescue to contact your veterinarian and/or conduct a home visit. Fosters must meet certain criteria and TCMR reserves the right to deny a potential foster if that criteria is not met.

Signature: _____ Date: _____