



# Cat Foster Application

Please complete this application and return to:

The Ark of San Juan

Post Office Box 117, San Juan Capistrano, CA 92693

Telephone: (949) 388-0034 e-mail: [cat@arkofsanjuan.org](mailto:cat@arkofsanjuan.org)

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Best times to call: \_\_\_\_\_ Number to call (Home Cell Work)

How many are in your household? \_\_\_\_\_ If there are children, what are their ages? \_\_\_\_\_

Do you live in a: \_\_\_\_\_ House \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other

Do you: \_\_\_\_\_ own \_\_\_\_\_ rent

If you rent, do you have your landlord's permission to foster a pet? \_\_\_\_\_

If you rent, may we contact your landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No Name and Phone Number of your landlord: \_\_\_\_\_

Who will participate in caring for the foster cat other than you? \_\_\_\_\_

What days and hours would the foster animal be left alone? \_\_\_\_\_

Do you currently have any other pets? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how many, what species, breed, sex and age? \_\_\_\_\_

Are you aware of how to introduce a new animal to other pets in your household? \_\_\_\_\_

Do you have experience fostering pets? \_\_\_\_\_ If so, with what organization(s): \_\_\_\_\_

How many and what sex of cats will you foster at one time? \_\_\_\_\_

Length of time you are willing to foster: \_\_\_\_\_

The Ark of San Juan, Companion Animal Rescue  
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[www.arkofsanjuan.org](http://www.arkofsanjuan.org)

Are you willing to keep the foster cat as an indoor pet only? \_\_\_\_\_

Where will the animal be kept while he or she is alone? \_\_\_\_\_

Are you aware of positive reinforcement training methods to handle issues such as scratching, spraying, and introduction of new cats into a household? \_\_\_\_\_

If so, what types of methods are you familiar with? \_\_\_\_\_

Do you have experience in medicating cats? \_\_\_\_\_ If so, please describe \_\_\_\_\_

Where will the cat sleep at night? \_\_\_\_\_

\_\_\_\_\_

What circumstances would cause you to return a foster cat in your care? \_\_\_\_\_

\_\_\_\_\_

Would you let one of our representatives visit your home by appointment? \_\_\_\_\_

Any additional comments? \_\_\_\_\_

\_\_\_\_\_

**By signing below, I state that I have read and completed this form, and that all of the information given in this application is true and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date