



# Cat Crusaders

## Foster Application

.....\* Tampa, FL 33647 \* [tampacatcrusaders.org](http://tampacatcrusaders.org) \* 941-44-228

### SUBMISSION INSTRUCTIONS

Complete the following and submit one of two ways:

1. Save and email to [foster@tampacatcrusaders.org](mailto:foster@tampacatcrusaders.org)
2. Fax to 888-257-4517

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_ Age: \_\_\_\_\_

### DESCRIBE THE FOSTER CARE ENVIRONMENT

Are there children in the home: Yes No If so, how many: \_\_\_\_\_ Children's age range: \_\_\_\_\_

Are there others age 18 and older living in the home? Yes No If so, please list their names below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Does anyone in the home have animal allergies? Yes No

Has anyone in the home ever been accused of a felony? Yes No

Please provide details—reason and year of conviction, state/country, etc. \_\_\_\_\_

Does everyone in the home know of your intent to foster cat(s) and/or kitten(s)? Yes No

What is your fostering preference (circle all that apply)?

Nursing mother cat with kittens    Adult cats    Kittens (How many? \_\_\_\_\_)    special needs cats  
Bottle Babies? (How many? \_\_\_\_\_)

Do you own or rent (circle one)? Own Rent

If you rent, prior to fostering, Cat Crusaders will require pet deposit confirmation from the property management company. Please provide the name of the property management company and phone number: \_\_\_\_\_

Do you have transportation to the Cat Crusaders' vet, if needed? Yes No

Do you have transportation to the PetSmart adoption center and events? Yes No

**How long can your foster (circle the best answer that applies to you)?**

Until adoption   One month   Two months   Three months   Four months   Five months   Six months

**Do you have experience medicating cats?** Yes   No

**Is anyone home during the day?** Yes   No

**OTHER ANIMALS IN THE HOME**

**Do you have other animals living in your residence? If so, please circle all that apply and provide number of animals:**

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**If you have a dog or dogs, could you please specify the breed(s):** \_\_\_\_\_

**Is anyone home during the day?** Yes   No

**Do you have a separate area, away from your pets, where fosters can be housed?** Yes   No

**MEDICAL INFORMATION AND FOSTERING EXPERIENCE**

**Your vet name and phone number:** \_\_\_\_\_

**Are all of your pets spayed/neutered?** Yes   No   **If “no”, please explain why:** \_\_\_\_\_

**Are all of your pets current on their vaccines?** Yes   No   **If “no”, please explain why:** \_\_\_\_\_

**Have you fostered before?** Yes   No   **If so, please provide details:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Driver’s License No.** \_\_\_\_\_

**Date:** \_\_\_\_\_