



# JAKE'S PLACE CAT RESCUE

[www.jakesplacecatrescue.org](http://www.jakesplacecatrescue.org) | (415) 548-0824

## Foster Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Housing: Own/Rent \_\_\_\_\_ If you rent, does your landlord allow pets? Y/N \_\_\_\_\_ How Many? \_\_\_\_\_ Phone: \_\_\_\_\_

Name of friend/relative who does not live with you: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of your veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_ Children: \_\_\_\_\_ Ages: \_\_\_\_\_ Allergies? \_\_\_\_\_

Current Pets: Please include all pets.

Type of Pet:	Age:	Sex:	Spayed/Neutered:	Kept:	How long owned?
--------------	------	------	------------------	-------	-----------------

1. _____	_____	M/F _____	S/N _____	_____	Inside/Outside _____
----------	-------	-----------	-----------	-------	----------------------

2. _____	_____	M/F _____	S/N _____	_____	Inside/Outside _____
----------	-------	-----------	-----------	-------	----------------------

List on reverse if more than 2 pets.

Have your current cats been tested for Leukemia? Y/N \_\_\_\_\_ Are they current on vaccinations? Y/N \_\_\_\_\_

Reason for wanting to foster: \_\_\_\_\_

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

How many kitties are you able to foster at one time: \_\_\_\_\_

Length of time during day that cat would be left alone: \_\_\_\_\_

If away for several or more days, who would care for your foster? \_\_\_\_\_

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

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

Please return Foster Application to:  
Jake's Place Cat Rescue c/o Debbie Edge  
1530 Armstrong Avenue, #31  
Novato, CA 94945  
Phone: 415-548-0824