



**The Ark of San Juan  
Companion Animal Rescue**  
[arkofsanjuan@cox.net](mailto:arkofsanjuan@cox.net)

**Foster Home Application - Feline**

I understand and agree that I am volunteering my time and services to The Ark of San Juan, Companion Animal Rescue ("The Ark"). I further understand that any expenditure or reimbursement for the care of the foster animal must first be approved in writing by The Ark.

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

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

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Best times to call: \_\_\_\_\_ Number to call (H C W) E-mail address: \_\_\_\_\_

Are there children in your home? \_\_\_\_\_ If so, please list, with ages: \_\_\_\_\_

How many adults? \_\_\_\_\_ Are all family members supportive of fostering? \_\_\_\_\_

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 have 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? \_\_\_\_\_

Is someone home during the day? \_\_\_\_\_ If so, whom? \_\_\_\_\_

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

How many companion animals are in your home? \_\_\_\_\_

List species/breed/age/sex/altered or not: \_\_\_\_\_

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: \_\_\_\_\_

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

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. \_\_\_\_\_

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? \_\_\_\_\_

All of the information given in this application is true and complete. I agree to follow all rules, regulations and procedures of The Ark of San Juan and to comply with all instructions given. I understand that it is my decision whether or not to foster any particular cat and I fully understand that The Ark may remove the foster cat from my home at any time. I agree that I, and my immediate family, forever release and shall not make any claim against The Ark for any personal damage we sustain as a result of volunteering as a foster home, whether that damage is physical injury or property damage.

I fully understand that all decisions regarding the foster cat as to adoption, medical issues, behavior modification and euthanasia will be made solely by The Ark. I agree to fully comply with all these decisions.

The Ark greatly appreciates your valuable service as a foster. Your efforts will make a difference, and will continue to make a difference, for every cat you are able to foster. Thank you.

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