



Grove City Area Pet Rescue

Foster Application - (724) 372-0491

Thank you for inquiring about becoming a foster home for one of Grove City Pet Rescue's cats or kittens. In order to promote your happiness and the happiness of your foster experience, we need to gather the following information from you. Please remember that Grove City Area Pet Rescue reserves the right to refuse any foster or adoption applicant.

Date of Contact: _____

1. Name(s) of Foster(s): _____

Address: _____

Home Phone: _____ Cell or Work Phone: _____

Email: _____

2. Describe all Household Members - Include names and ages of fosters

Name: _____ Age: ____ Relationship to Foster(s): _____

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Name: _____ Age: ____ Relationship to Foster(s): _____

Name: _____ Age: ____ Relationship to Foster(s): _____

3. Does any member or your household have an allergy to Cats: Yes _____ No _____

4. Give approximate work/school schedule for household members: _____

5. How many hours per day will the pet be without human companionship? _____

6. Who will care for the pet when the family is away overnight or longer? _____

7. Would this be your first cat: Yes _____ No _____

8. Do you own other pets now? Yes _____ No _____



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If you currently own pets, please complete the following - include all species of pets.

Name	Species	Breed	Age	Age When Acquired	How Long Owned?	Indoor or Outdoor?	Where do they sleep?

(If you need more space - Please continue on back of page).

9. How do your pets get along? _____

10. Will your pet(s) accept the new foster? Yes _____ No _____ Don't Know _____

Comments: _____

11. Have they been tested for FeLv (Feline Leukemia)? Yes _____ No _____ Don't Know _____

12. Have they been tested for FIV (Feline Aids) ? Yes _____ No _____ Don't Know _____

13a. Are they declawed? Yes _____ No _____ Don't Know _____

13b. If yes, where are they declawed? Front Paws _____ All Four Paws _____

14. Have you had any pets in the past? Yes _____ No _____

15. Have ALL of your pets been spayed or neutered - including current and previous pets?
Yes _____ No _____

If no, which pet(s) and why not? _____

16. Have ALL your pets been seen yearly by a veterinarian for a wellness exam and received annual vaccinations - including all current and previous pets? Yes _____ No _____

If no, which pet(s) and why not? _____

17. What veterinarian clinic(s) have you used during the past Six (6) years?



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Veterinarian's/Clinic's Name	Phone Number	Name of pet(s) seen	Person's last name under which the pet(s) is/are listed	What year(s) was/were pet(s) seen

18. Do you own or rent your home? Own _____ Rent _____

How long have you lived there? _____

19. If renting, please provide the following information for permission to house the pet.

Landlord's Name: _____ Phone: _____

Address: _____

20. Describe your home, i.e.: single dwelling, townhouse, condo, etc.; approximate size of home; type of neighborhood (suburban development, country, city small town, etc.). _____

21. How many litter boxes do you have? _____

22a. Brand of litter used? _____

22b. How often do you clean liter boxes? _____

22c. Where are litter boxes located? _____

23. Where will you keep the foster? Inside _____ Outside _____ Free access to both _____
In Barn _____ Other , please explain _____

24. Where will your new foster spend most of his/her time during the day? _____

25. Where will your new foster spend most of his/her time during the night? _____

26. Will your foster spend any time in the garage? Yes ___ No ___ Basement? Yes ___ No ___

27. Are pets allowed on furniture? Yes _____ No _____



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Please provide THREE (3) personal references
At least two (2) need to be non-family references

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

I understand that Grove City Area Pet Rescue will contact my veterinarian(s) and, if appropriate, my landlord.

I authorize my veterinarian(s) to provide Grove City Area Pet Rescue with information related to any current or past pets I may have had.

I authorize my landlord to provide Grove City Area Pet Rescue with information relating to the permissibility of housing a pet in my rental unit if applicable.

Signature: _____

Printed Name: _____

Date: _____

Thank you for taking the time to complete this important questionnaire!