



---

# Feline Foster Application

---

**Referred by:**

\_\_\_\_\_

**Full Name**

\_\_\_\_\_

First Name

Last Name

**I am over the age of 21**

Yes

No

**E-mail**

\_\_\_\_\_

**Address**

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

State / Province

\_\_\_\_\_

Postal / Zip Code

Country

**Phone Number**

\_\_\_\_\_

Area Code

Phone Number

**Does Anyone in your Household have Allergies to Animals?**

Yes

No

**Are all members of your Family agreeable to Fostering?**

Yes

No

**Please List any Pets you have Living or Deceased (Please include Name, Breed, Age**

---

**Are you willing to foster a cat of any age?**

Yes  
No

**If not, what age would you consider?**

---

**Where would fosters stay in your home? Do you have an extra bedroom, bathroom etc.**

---

**Are you willing/able to take your fosters to vet appointments at a convenient time for you or for emergencies?**

Yes  
No

**Are you willing/able to take your fosters to vet appointments at a convenient time for you or for emergencies?**

Yes  
No

**Do you drive or have access to a vehicle**

Yes  
No

**Are you willing and able to dispense medications your foster**

Yes  
No

**Do you have prior experiences with pets that may be helpful**

---

**How many hours in a day would the foster be left alone?**

---

**Vet Reference: Full Name**

---

First Name                      Last Name

**Phone Number**

---

Area Code              Phone Number

**Reference #1: Full Name**

---

First Name                      Last Name

**Relation to applicant(s):**

---

**E-mail**

---

**Phone Number**

---

Area Code              Phone Number

**Reference #2: Full Name**

---

First Name                      Last Name

**Relation to applicant(s):**

---

**E-mail**

---

**Phone Number**

---

Area Code              Phone Number

**Reference #3: Full Name**

---

First Name                      Last Name

**Relation to applicant(s):**

\_\_\_\_\_

**E-mail**

\_\_\_\_\_

**Phone Number**

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

By sending this electronically, I acknowledge that I have completely read this questionnaire and comprehend it fully.

I understand that applying does not ensure approval and that untruthful answers or failure to comply with the requirements of this application can result in the forfeiture of any Midwest Community Cat Alliance (MCCA) animal fostered by me.

I certify that the above information is correct, and I understand that the information will be verified.

I understand that by submitting this form electronically, I agree to release and covenant to hold harmless Midwest Community Cat Alliance (MCCA) and it's members from any claims, damages, costs, or actions incurred because of the care or actions of the foster feline/s.

I accept full responsibility for the cats actions at all times, and release Midwest Community Cat Alliance (MCCA) from any liabilities or damages that may be incurred because of fostering such cats.

I agree to have Midwest Community Cat Alliance (MCCA) complete reference call checks and conduct a home visit inspection to be able to approve my foster application.

I agree that if I'm unable to foster anymore that I will return them to Midwest Community Cat Alliance (MCCA).

**Date**

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

**Your name**

\_\_\_\_\_

**E-mail**

\_\_\_\_\_