



Foster Care Application

Please complete and:

Email to (pdf file preferred): purrfectcatshelter@yahoo.com **OR**
 mail to: The Purr-fect Cat Shelter, Inc., PO Box 548, Medway, MA 02053

Name		Home Phone			
Street		Work Phone			
City, State, Zip		E-mail Address			
Do you have children? (If yes, please list their ages.)			Y	N	
Do you rent or own a house, apartment or mobile home?					
If you rent, what is your landlord's name and phone number?					
Are you employed and if so, how many hours do you spend working?					
Do you have pets?			Y	N	
If yes, please list each pet and indicate if they are male or female:					
Have all of your pets been spayed or neutered?			Y	N	
Do your cats/dogs have current vaccinations for the following:					
Distemper	Y	N	Feline leukemia tested	Y	N
Rabies	Y	N	Leukemia vaccinated	Y	N
Please list the veterinarian(s) that care for your pets:					
Have you ever cared for young kittens, young puppies or an injured animal?			Y	N	
If yes, please explain:					
Do you have an area in your home which can be used to confine foster pets?			Y	N	
What type of foster care are you able to provide? Please check the boxes that apply:					
<input type="checkbox"/>	Bottle-Fed Kittens	<input type="checkbox"/>	Weaned Kittens	<input type="checkbox"/>	Adult Cats --Male or Female
<input type="checkbox"/>	Cats Requiring Medical Treatments	<input type="checkbox"/>	Cats Requiring Socialization		
Number of foster cats/kittens you can care for at one time:					
Have you ever received pre-exposure rabies vaccines?			Y	N	
Are you interested in being vaccinated? (your approximate cost would be \$225 per person)			Y	N	
Are there any factors PCS should know which could hinder your fostering pets? (i.e., vacation or travel schedules, allergies, etc.)			Y	N	
If yes, please explain:					
I understand the above questions and give the Purr-fect Cat Shelter permission to contact my veterinarian, and/or landlord to verify said statements. I understand misrepresentation or omission of facts called for is cause for application denial.					
Signature			Date		