



ACR Foster Application 2025

About you

Full Name *

First Name

Last Name

Your age *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Area Code

Phone Number

Cell/Alternate Phone

Area Code

Phone Number

E-mail *

About fostering

Are you interested in fostering a specific cat you saw on our website? *

What date are you available to begin fostering? *

Are you able to foster until adoption or is there an end date when the cat would need to be rehomed if not adopted? *

Do you have any upcoming vacations or other plans that will have an impact on your fostering? *

Please tell us about your experience with cats and other pets, both current and former. *

Do you have temporary animals in your household from other rescue organizations? *

Are you interested in fostering adult cats or kittens? *

Adult cats

Kittens

It does not matter to me

If prefer kittens, what age range?

Are you open to fostering a senior cat? *

Yes

No

Do you want to foster a single cat or are you open to fostering a bonded pair? *

Single Cat

Bonded Pair

Either

Do you prefer a male or female cat? *

Female

Male

Either

Are you okay with a cat who might want to sleep in bed with you? *

Yes

No

Does not matter

What kind of kitty personality do you think would be a good match for you (shy, playful, calm, independent, etc)? *

Are you open to fostering a cat or kittens who will be shy, need some socialization or who might take time before allowing petting? *

Are you comfortable fostering a cat who might nip, bite or swat? *

Would you be interested in fostering a cat with some physical challenges? *

Do you have any experience giving a cat medicine and are you comfortable doing so with a foster? *

Are pets allowed? *

Yes

No

Not sure, I have to check

Your Household

Type of Residence *

Apartment

House

Other

Rent/Own *

Rent

Own

Other

of Bedrooms *

of Bathrooms *

Management Company/Landlord *

First Name

Last Name

Email Mgmt Co/LL *

example@example.com

Phone Number Mgmt Co/LL *

Area Code

Phone Number

How many people reside in your household? *

If more than 1, you will be asked to enter Name, Age and Relationship for each additional household member.

Person 1, Name, Age, Relationship

Person 2, 3, etc.: Name, Age , Relationship

Is anyone residing in your household allergic to cats? *

- Yes
- No
- Other

Do you have a smoke detector? *

- Yes
- No

Do the windows in your apartment all have screens? If not, we can recommend screens or locks, depending on how the windows are built. *

- Yes
- No
- Other

Do you have a deck, terrace or balcony? *

- Deck
- Terrace
- Balcony
- Other

Will you keep the cat indoors or outdoors? *

- Indoors only
- Outdoors only
- Both
- Other

If you have roommates, did they all agree that it's okay to have a foster cat in your apartment? *

- Yes
- No
- Other

Are you able to isolate a new cat in a separate room? *

- Yes
- No
- Other

How will you prevent furniture scratching? *

Pet History

If you currently have a pet, please answer the questions below.

Do you currently have pets? *

Cats

Dogs

No

Other

Name, age and type of Pet *

Are your current pets: *

Not vaccinated

Not Spayed/ Neutered

Spayed/Neutered

Up-to-date on vaccination

Not applicable

In case of an emergency, is there a contingency plan in place for your current and/ or future pet should you decide to adopt. Please explain. *

Vet Reference

If you do not currently have a vet, please enter a former vet.

Vet Clinic Name (for current or recent pet) *

Doctor Name *

What do you feed your pets? *

List brand names and types, i.e. Wellness wet canned food, Nutro dry food, etc.

Vet Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Vet Phone *

Area Code

Phone Number

Is this your current or former vet? *

Current

Former

Other

If you decided to adopt your foster cat, would you declaw? *

- No
- Yes
- Other

Have you ever declawed before? *

- No
- Yes
- Cat was already declawed
- Other

Employment

Applicant's Occupation/Title *

Employer Name *

Employer Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Retired? *

- Yes
- No
- Other

Professional Ref Name *

Last Name

First Name

Email *

example@example.com

Personal Reference

Personal Ref Name *

First Name

Last Name

Phone Number *

Area Code

Phone Number

Email *

example@example.com

References

References from various sources are helpful to your application approval. We can not process an application if you do not provide 2 references. Please choose individuals who can easily be contacted via email, phone or text to avoid delays. A professional reference can be an industry colleague or co-worker, it does not have to be a boss/supervisor.

How did you hear about Anjellicle Cats Rescue?

Do you have any questions or is there anything else you'd like to tell us about your expectations for fostering?

Phone Number *

Area Code

Phone Number

Thank you!

Please press the submit button below to finish!