

Cat Foster Application

H.O.P.E. Safehouse, Inc.
1234 Lathrop Ave.
Racine, WI 53405

Pet's Name _____ **Confirmed** _____ **Date/time** _____
By _____

Date _____ **Time** _____ **Approved/Rejected By** _____

Counselor _____

Please print and complete the form below and return to the address above:

Last Name _____ First _____ MI _____

Maiden Name _____

Spouse/Roommate _____ First _____ MI _____

Maiden Name _____

Address _____

City _____ State _____ Zip _____

Length of time at this address _____

Previous Address _____ City _____ State _____

Zip _____

Length of time at this address _____

Current Phone _____ Work Phone _____ Spouse Work

Phone _____

Drivers Lic. # _____

Do you own/rent Landlord's name & # _____

No. of adults in household _____

No. of children in household _____

Ages of children _____

Employer:

Applicant _____ Phone _____ Shift _____

How long employed here _____

Spouse/roommate _____ Phone _____ Shift _____

How long employed here _____

Have you ever trained a kitten before: yes ___ no ___

Have you ever trained an adult cat: yes ___ no ___

Do you have a carrying crate: yes ___ no ___

Do you have any allergies to pets: yes ___ no ___

Do you have a scratching pole: yes ___ no ___ Will this be your first cat: yes ___ no ___

Have you ever gone to pet classes: yes ___ no ___

Have you ever had to get rid of a pet: yes ___ no ___

Who will be responsible for feeding, training, and vet care _____

How many hours will the cat be left alone _____

Where will the cat be housed:(circle all that apply) Indoor only Outdoors only In & Out Barn

Other (explain)

Current Pets (list only canines and felines) Write None, if you currently have no pets

Dog/cat - Name - Age - How long have you had it - Kept in or outside - What vet do you use with this pet

Past Pets: List all pets owned in the last 10 years. Write None if you have had no other pets in the last 10 years.

Breed - Name - Purchased from where and at what age - How long did you have it - Where is pet now

List all veterinarians you used with these pets: (include clinic name, phone & city)

Please read and sign:

I certify that all information I have given on this application is true. I understand that any false information, unanswered questions or omitted information will result in immediate rejection.

Signature _____ Date _____

Spouse _____ Date _____

OFFICE USE -----

Verified : Address _____ Visual _____ Employment _____ Reference _____

Landlord _____ File _____

Pet History
