

# Beyond Nine Cat Rescue, Inc.

2316 Cypress Bend Drive So. #320  
Pompano Beach, FL 33069  
(954) 673-0848 | beyondninecatrescue@yahoo.com



## Foster At Home Program Application

Name: \_\_\_\_\_ Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check whether you  Rent?  Own?  Live with Parents?

If you rent, do you have permission from your landlord to have a pet?  Yes  No

Landlord's name and phone number: \_\_\_\_\_

How many adults are in your household? \_\_\_\_ How many children are in your household? \_\_\_\_

<i>Relationship</i>	<i>Occupation</i>	<i>Name</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____

If you have roommates, have they agreed to pets in your shared space?  Yes  No

Does anyone in your home have allergies or asthma?  Yes  No If yes, who?: \_\_\_\_\_

Please list all pets currently living in your household:

<i>Type</i>	<i>Sex</i>	<i>Age</i>	<i>Spayed/Neutered?</i>	<i>Vaccinations</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all pets you have owned in the last 10 years:

<i>Type</i>	<i>Sex</i>	<i>Spayed/Neutered</i>	<i>Reason No Longer With Household</i>
_____	_____	_____	_____
_____	_____	_____	_____

Name, address, and phone number of your family veterinarian:

Date and reason for last visit: \_\_\_\_\_

Do your pets get along with cats or other cats?  Yes  No

Please describe any health or temperament issues of your current pets? \_\_\_\_\_  
\_\_\_\_\_

Who will be the primary caretaker of the foster cat(s)? \_\_\_\_\_

How many hours will the cat(s) be left alone? \_\_\_\_\_

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Are you currently in any other foster or rescue programs (including caring for feral cats)?

Yes  No If yes, please explain: \_\_\_\_\_

Where will the cat(s) be kept (confinement/routine)?

*Inside (e.g. spare bedroom, bathroom):* \_\_\_\_\_

*Outside (e.g. garage, patio):* \_\_\_\_\_

How will you deal with any behavioral problems (e.g. scratching, house soiling, socialization, etc)?

Do you have any physical limitations that might affect your ability to foster cats or kittens?

Yes  No If yes, please describe: \_\_\_\_\_

Will you be able to transport your foster cat(s) to veterinarian appointments?  Yes  No

Will you be able to transport your foster cat(s) to adoption events?  Yes  No

What level of foster home care are you comfortable providing? (Check all that apply)

- Emergency (Overnight)*                       *Short Term (Up to a week)*  
 *Long Term (As long as it takes)*                       *Special Needs (Old, Medical, Blind, Deaf)*

Please provide two (2) referrals that Beyond Nine Cat Rescue representatives may contact:

*Name*                      *Phone Number*                      *Name*                      *Phone Number*

Do you understand that a Beyond Nine Cat Rescue representative can visit your home to ensure the foster cat(s) is being properly cared for and that they have the right to remove the cat(s) from your care if care standards are not met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that your foster cat(s) could be re-homed at any time? I also understand that if I cannot part with the foster cat(s) that I will be required to adopt the cat and pay Beyond Nine Cat Rescue an adoption fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this Foster At Home Program Application, I certify that the above information is true and correct. I understand that any falsification of the above information may be grounds for denial of this Application or the termination of any Foster At Home activity. I also acknowledge that this application will remain the property of Beyond Nine Cat Rescue.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_