

RUAHINE ANIMAL RESCUE CAT FOSTER APPLICATION

PERSONAL DETAILS

Full le	egal name:				
Date of Birth:					
Address					
Email Address:					
Phone number:					
How did you hear about us?					
WORK	(/PROPERTY				
1. 2.					
3. 4.		our own home or rent? Own Rent (Please circle) onsent to a property inspection by one of our foster coordinators? (Please circle)			
YOU A	ND YOUR CURR	ENT ANIMALS			
5.	name, age and relationship of those living with you.				
 Please tell us a little about you and other members of your hous matching foster animals with you.) 		a little about you and other members of your household (This will help with er animals with you.)			

8.	Please list any pets you currently own. Age, sex and desexed Y/N				
9.	Do any animals in your home have behavioural issues or health issues? Examples like reactivity, fear or aggression towards people or other animals, epilepsy, disability etc				
	Do you work with any other rescue organisations? Yes No (Please circle) If yes, in what capacity?				
STER	CARE				
12.	Would you be interested in fostering ☐ Kittens ☐ Cats ☐ Both				
13.	Where will the foster animal be sleeping?				
14.	When no one is home, how long will the animal be left? and where will it be kept?				

REFERENCES	
Personal reference #1 (Please include name, phone number and relationship to you)
Personal reference #2 (Please include name, phone number and relationship to you)
ADDITIONAL COMMENTS (Anything else you would like us to know?)	
Signed:(Foster person)	(Date)

Thank you so much for your application.

Signed: _____ (RAR) _____ (Date).

Please email the completed form to ruahineanimalrescue@gmail.com or drop it to the shelter. One of our Foster Coordinators will be in touch to discuss the next steps.