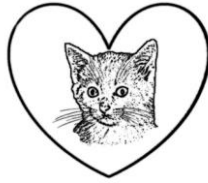


Foster Application



EB FELINE REHOMING
ebfelinerehoming@gmail.com
[facebook.com/EBRehoming](https://www.facebook.com/EBRehoming)
ebfelinerehoming.org
P.O. Box 25662
Fort Wayne, IN 46825

Full Name _____ Home Phone _____

Address _____ Apt. _____ City _____ State ____ Zip _____

Email Address _____ Cell Phone _____

Employer Name _____ Age _____

List all members of your household and their ages: _____

Do you rent or own your home? _____ Rent _____ Own

If renting, do you have permission from your landlord to foster? _____ Yes _____ No

Landlord's Name _____ Landlord Phone _____

How long have you lived at this address? _____ years _____ months

Please provide two references (one non-family):

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

What pets do you have in your home now?

Type of pet (dog/cat)	M/F	Spayed/Neutered	Age	How long have you had?
-----------------------	-----	-----------------	-----	------------------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Are your pets inside or outside pets? _____ Inside _____ Outside

Are all pets current on vaccinations and rabies? _____ Yes _____ No

Are they currently healthy and disease free? _____ Yes _____ No

Current veterinarian _____ City/State _____

Are there any behavioral or medical issues you are **NOT** willing to deal with?

Can you transport fosters to vet appointments, adoption events, or scheduled visitations? _____

Would you object to having someone from EB Rehoming check in on the fostered animal(s) in your care from time to time? Yes No

Have you ever cared for Kittens Bottle-fed Kittens Injured/Sick Cat

Are you comfortable medicating a cat, applying eye ointment or ear drops, or clipping nails? _____

I am interested in providing foster care for (please check all that apply):

Pregnant or mother with a nursing litter

Adult More than one adult

Newborns requiring bottle feedings
(possibly every 2 to 4 hours)

Cat that needs socialization and/or training

Young, self-feeding

Behavior problems

Injured, sick, recovering from surgery

Elderly Terminally ill

Do you have a separate, dedicated room for the purpose of fostering? Yes No

Please explain _____

It may not be known if an animal has been exposed to an illness or has a genetic disorder. We cannot guarantee the health of this pet. Do you understand this? Yes No

EB Feline Rehoming will provide veterinary care and any needed medications. However, most fosters provide food, litter, dishes, beds, litter boxes, etc, which are tax deductible. If help is requested with food and litter, we can offer assistance. Animals being fostered remain the property of EBFR. All decisions regarding their care, transportation, or placement are the responsibility of the rescue.

I certify that my answers are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts called for is cause for denial of fostering animals. EB Feline Rehoming reserves the right to refuse any foster care applicant. My signature allows release of any information necessary to process this application.

Signature _____ Date _____