



Mailing Address:
PFFSAA
1812 O'Berry Center Rd.
Goldsboro, NC 27530
(919) 394-5708
info@purrfectfriendsfelineshelter.org
www.purrfectfriendsfelineshelter.org

Foster Application

Note: Application must be filled out completely. Print clearly and in ink. We may use information you provide to confirm any information. Thank you and someone will be in touch with you soon.

Pg.1 – General Info, Housing, Fostering Pg.2 – Care, Personal Pets, Acknowledgment

General Info

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ (Hm / Cell / Work) Alt # _____ (Hm / Cell / Work)

Email _____

Best Time To Contact You _____

Housing

How long have you lived at this address? _____

Landlord's Name/Phone Number if rented: _____

How many children do you have? Boys _____ Ages _____ Girls _____ Ages _____

Total number of people in household (18+) _____

Fostering

Are all members of household committed to being a foster home? _____ YES _____ NO

Does anyone have allergies? If so, allergy type: _____

Who will be the primary caregiver? _____

Applicant is: _____ Employed _____ Student _____ Retired _____ Other

Do you have an area in your home to isolate fostered pets? _____ YES _____ NO

Would you prefer cats/kittens? How many could you foster at one time? (There is a state limit of 8 animals, including your own, in any household): _____

Do you have any experience as a foster home? If so, explain: _____



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Care

Would you be comfortable medicating a foster pet, if necessary? _____YES _____NO

Do you have your own transportation for vet visits/adoption events? _____YES _____NO

How long are you willing to foster? _____

Are you able to provide all necessary supplies (food, litter, bowls, etc.)? _____YES _____NO

Are you willing to abide by the rules of PFFSAA regarding the care, handling, and placement of foster pets?
 _____YES _____NO

Personal Pets

Current pets in household (Include outside pets):

	#	Type/Breed	Age	Male/ Female	Spay/ Neuter	In/ Outdoor	De- clawed	Vaccines Current
Cats								
Dogs								
Other								

Name of veterinarian/Phone Number: _____

Note: If you do NOT have a vet, we will be glad to recommend one.

Acknowledgement By completing and signing this form, I affirm that I am at least 21 years old (age 18 with approval) and that the information I have provided is true and complete. I also authorize my veterinarian to release information concerning my pets to Purrfect Friends Feline Shelter & Adoptions.

 Signature

 Date