



Central Texas Feline Rescue

Foster Adoption

Furry Friend Adoption/Foster Application

Date	Pet's ID #	Sex	Description
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Identification

Date of Birth	
Name	
Street Address	
City	State & Zip
Phone	Driver's License #
E-mail Address	

Employment

Employer	
Position	How Long?
Business Phone Number	

Housing

<input type="checkbox"/> Rent	Landlord's Name
	Landlord's Phone No.
	Are pet's allowed?
<input type="checkbox"/> Own	Length of time at current residence?

Household Members

Number of ADULTS in household	
Number of CHILDREN in household	Ages
Roommate/Spouse's Name	
Are any members of your household allergic to cats?	
Are any members of your household allergic to dogs?	

Prior Pet History

List the animals by name that have been part of your family during the last 10 years. Indicate the status of each using the following codes

0 Still with me	3 Lost/ran away	6 Euthanized
1 Dead	4 Sold	7 Sold
2 Gave away	5 Gave to Shelter	8 Unknown

Pet's Name	Species	Status
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	

Are your current pets:	Yes	No
• Up-to-date on vaccines?	<input type="checkbox"/>	<input type="checkbox"/>
• Spayed or neutered?	<input type="checkbox"/>	<input type="checkbox"/>
• On heartworm preventative?	<input type="checkbox"/>	<input type="checkbox"/>

Veterinarian's Name or Practice
Veterinarian's Phone Number

Where will this pet spend most of its time?
crate indoors outdoors garage basement
Where will pet stay when you are away on vacation?

By my signature below, I authorize Central Texas Feline Rescue [CTFR] to contact:

- My veterinarian(s) to check the care provided to previously and/or current pets, and to check the spay/neuter history;
- My landlord to ensure that I have his/her/its permission to keep pets on the premises; and
- My employer to confirm employment

I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that false statements by me may lead to the rejection of this application for adoption.

Signature _____

Date _____

REFERENCES

Please provide Central Texas Feline Rescue with at least 2 references who are not family members or living at the same address as you.
Name of Reference:
Phone Number:
Name of Reference:
Phone Number:
I authorize a representative from Central Texas Feline Rescue to verify the references listed above. Signature: _____

CTFR USE ONLY

Id Check
Landlord Check
Vet Check
Reference Check
Additional Comments
<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> Approved </div> <div style="text-align: center;"> <input type="checkbox"/> Conditional Approval </div> <div style="text-align: center;"> <input type="checkbox"/> Denied </div> </div> By _____ Date _____