



LOVE & CUDDLES
pet respite care

Name: _____
Address _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
E-Mail: _____

Respite Care Foster Home Application

Your household has: (Answer or circle/underline all that apply)

Adults only Adults and Children (Children's ages _____)

Cats Dogs How many _____ Cats _____ Dogs Other _____

Are your animals up to date on vaccinations? Yes No _____ If no, why: Elder—Ill--not allowed by vet

Your Vet's Name: _____ Phone _____

Your home is: Single Level Two-Story Apartment (which floor _____) Fenced Yard: Yes/No

You are: Working Retired Student Someone is: Home most times Not home a lot

Foster Care Interest (Circle/Underline all that apply)

Adult Cats Adult Dogs Both/Either Medical/Special Needs Other

We always consult with you to be sure you are comfortable with the needs of the animals you accept.
We are also happy to support you, train you, or come to your home and give medications or assistance.

PLEASE READ THE FOLLOWING CAREFULLY:

Love & Cuddles Pet Respite Care (a Catnip Casa Cat Refuge program) will add you to our pre-approved list of homes. Approved foster pet-parent volunteers may refuse a placement for any reason. We will inform you of the expected length of the foster/respice care stay. You decide which placements to accept. Your simply keep the animal safe, loved, and well-cared for.

Foster input is always desired and given great consideration. Respite care animals are in temporary foster care, with permission of the owner/agency. We even provide a **free** pet safety consult for all foster homes. It's fun and a great way to get started!

Our office handles all client contact and coordination with the partnering social service agencies.

I understand the information stated above.

If you email, your esignature will be considered to be the same as your written signature. Thank you!

Signature _____ **Date** _____

You may include comments, questions, or additional information, on the back of this form.

____ Approved ____ Not Approved Signature _____ Date _____

