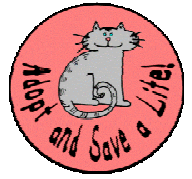


**P.L.U.T.O. RESCUE  
CAT FOSTER APPLICATION  
PO BOX 140889  
STATEN ISLAND, NY 10314  
718-227-0553**



Cat's Name \_\_\_\_\_ Date of Application \_\_\_\_\_

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Why do you want to foster this pet? (Check all that apply)  
 companion  companion for other pets  other, explain \_\_\_\_\_

3. Number of people in home: \_\_\_\_\_ Children in home \_\_\_\_\_ Ages \_\_\_\_\_

4. Type of housing: Apt \_\_\_\_\_ Condo \_\_\_\_\_ Duplex \_\_\_\_\_ House \_\_\_\_\_

5. Do you rent \_\_\_\_\_ or own \_\_\_\_\_? How long have you resided at your present address? \_\_\_\_\_

6. If rental, landlord's name: \_\_\_\_\_ and Phone: \_\_\_\_\_  
 Are animals permitted? \_\_\_\_\_

7. Are you employed? Yes \_\_\_ No \_\_\_ If yes, employers Name, Address and Phone # \_\_\_\_\_

8. Where will the cat be kept while alone? \_\_\_\_\_

9. Does anyone in your household have any known allergies to animals? \_\_\_\_\_

10. Do you have animals now? \_\_\_\_\_ What kind? \_\_\_\_\_  
 Ages \_\_\_\_\_ Are they neutered or spayed? \_\_\_\_\_  
 Has your current pet(s) been around cats before? \_\_\_\_\_ How do they react? \_\_\_\_\_

11. Have you had animals in the past? \_\_\_\_\_ What kind? \_\_\_\_\_  
 What happened to them? \_\_\_\_\_

12. How did you hear about P.L.U.T.O. Rescue? \_\_\_\_\_

13. Veterinarian's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

14. Please list references:  
 Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: I hereby state that my signature confirms the information in this application is true.