

# Halfway Home Pet Rescue dba Madawaska Lake Homeless Cats

## PET FOSTER CARE PROVIDER APPLICATION

As a Pet Foster Care Family, you will be required to complete a minimum of (3) six hours of foster care training yearly. Madawaska Lake Homeless Cats (MLHC) will provide all necessary equipment, pet supplies, if desired. This will include, but is not limited to food, litter and bedding. All medical care must be addressed by the Madawaska Lake president and/or vice-president.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE A CRIMINAL RECORD: IF YES,  
WHO (IF OTHER THAN YOURSELF): \_\_\_\_\_ DOB: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_ WHAT WAS THE CONVICTION FOR:

DO YOU PREFER TO FOSTER: circle/specify all animals that apply  
CATS, KITTENS, DOGS, PUPPIES, OTHER(S): \_\_\_\_\_  
REASON WHY YOU WISH TO FOSTER ANIMALS: \_\_\_\_\_

LIST NAMES & PHONE NUMBERS OF 3 REFERENCES- 1 VETERINARIAN & 2 LAY PEOPLE:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WHAT DATE AND TIME WOULD BE BEST TO MAKE A HOME  
VISIT? \_\_\_\_\_

By submitting this application, I affirm that the facts set forth in it are accurate and complete. I understand that if I am accepted as a pet foster care volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in immediate dismissal.

BY SIGNING BELOW, I, give MLHC the authority to check with the references provided above.

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

Thank you for your interest in volunteering with us  
Madawaska Lake Homeless Cats

APPLICATION [ ] ACCEPTED [ ] DENIED REASON: \_\_\_\_\_

Rater Signature \_\_\_\_\_ Date \_\_\_\_\_