

WELLS VALLEY CAT SANCTUARY  
FOSTER CARE APPLICATION

Date\_\_\_\_\_

Foster Parent's

Name\_\_\_\_\_

Address

\_\_\_\_\_

City

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

Employer

\_\_\_\_\_

Number of hours worked daily\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone\_\_\_\_\_

*Please check fostering preference:*

One Kitten \_\_\_\_\_ Pregnant Cat \_\_\_\_\_ Adult Cat \_\_\_\_\_

Multiple Kittens \_\_\_\_\_ Cat with newborns \_\_\_\_\_ Senior Cat \_\_\_\_\_

Special Needs Cat\_\_\_\_\_

1. Are you part of any animal organization? Yes \_\_\_\_\_ No \_\_\_\_\_

a. if yes, please list name

\_\_\_\_\_

2. Why would you like to foster?

\_\_\_\_\_

\_\_\_\_\_

3. Do you live in a:

Condo/Townhouse\_\_\_\_ Apartment \_\_\_\_ Duplex\_\_\_\_ Mobile Home \_\_\_\_ House\_\_\_\_

4. Do you:

Rent/Lease\_\_\_\_ Own\_\_\_\_

If you rent, is your lease: yearly\_\_\_\_ monthly\_\_\_\_

Name of complex and/or association: \_\_\_\_\_

Name and phone # of landlord or owner: \_\_\_\_\_

PET POLICY: \_\_\_\_\_

\*\*Please be prepared to provide a notarized letter from your landlord approving the fostering of a cat/kitten.

How long have you been at this address? \_\_\_\_\_

5. How many adults reside at this address? \_\_\_\_\_

Are there children in your home? Yes \_\_\_ No \_\_\_

If yes, how many and what are their ages \_\_\_\_\_

6. Will there be anyone home during the day? Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

7. Do you have any dogs and/or cats at home now? Yes \_\_\_ No \_\_\_

Name	Age	Breed	Sex: M/F	Licensed (Dogs only)		Spayed/ Neutered		Date of last vet visit
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	

● add other pets onto back of form

8. Have you had other pets in the last 5 years? Yes \_\_\_ No \_\_\_

Name	Age	Breed	Year	Disposition

9. What animal hospital or clinic do you use?

\_\_\_\_\_

Phone # \_\_\_\_\_

10. Where will the foster animal(s) sleep?

\_\_\_\_\_

11. Where will the foster animal stay when no one is home?

\_\_\_\_\_

\_\_\_\_\_

*I, \_\_\_\_\_, state that all the information that I have provided above is correct as written and I authorize Wells Valley Cat Sanctuary, Inc. to verify any and all information.*

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

Foster Signature \_\_\_\_\_

\_\_\_\_\_

To be completed by WVCS Staff

\_\_\_\_\_ Foster application reviewed by staff member: Initials \_\_\_\_\_

\_\_\_\_\_ Veterinarian References Checked: Initials \_\_\_\_\_

\_\_\_\_\_ Home visit (if warranted) \_\_\_\_\_ Approved \_\_\_\_\_ Denied Initials \_\_\_\_\_

\_\_\_\_\_ Leasing/Renting Notarized form Initials \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Initials \_\_\_\_\_

Foster Home Contacted: \_\_\_\_\_ Initials \_\_\_\_\_