

WCR Feline Foster Home Application

Name: _____

Address: _____

Phone:

(day): _____ (eve): _____ (cell): _____

Email address: _____

How many fosters would you be able to care for at a time? _____

Would you be interested in fostering nursing moms with babies? _____

Do you currently have pets of your own? _____ If so, please list

Dog /Cat/Other	Age	Spayed/neutered?	Current on shots?
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Do they get along with other pets? _____

Do you have children in your home? _____ If so, what ages? _____

Do you have a fenced yard? _____ How many hours a day are you home? _____

If you have cats, do they go outdoors? _____ Declawed? _____

Do you foster for any other rescue or animal shelter? _____

If yes, please list _____

Have you had experience with fostering cats/kittens? _____ If yes, please give

details _____

Do you have a veterinarian? _____

Name/practice: _____ phone: _____