



P.O. Box 412  
Greensburg, PA 15601  
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EIN#472660355

## FOSTER APPLICATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DRIVERS LICENSE #: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING:**

Would like to foster (please check all that apply):

- adult cat(s)
- kittens (How many? \_\_\_\_\_)
- senior cat(s)
- special needs cat (Note: Animal might need fluids and/ or medicine or have a health issue)

I am home approximately \_\_\_\_\_ hours a day.

My home is:  extremely busy  average  fairly quiet  very quiet

Any children in the household? Grandchildren or children that visit frequently?  Yes  No

If yes, list ages: \_\_\_\_\_

Does any member of the family have any allergies to animals?  Yes  No If yes, explain: \_\_\_\_\_

Do you own or rent your residence?  Own  Rent

If you rent, what is name of landlord and phone number? \_\_\_\_\_

Do you have a separate area/room for fosters? (spare bedroom, laundry area, etc.)  Yes  No

Do you have reliable transportation, and are you able to transport animals to adoption events/vet appointments?

Yes  No If No, why? \_\_\_\_\_

Describe pets you still care for or that are living in your household:

Name	Species (dog/cat)	Age	Spayed/Neutered	Inside/Outside/Both
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	

Are your pets current on their vaccinations?  Yes  No **\*Must provide proof of vaccinations\***

Please provide name of your veterinarian: \_\_\_\_\_

What name is your pet(s)' records under: \_\_\_\_\_

***By signing this form, I/we acknowledge that all information on this form is true and correct. I/we understand that any misrepresentation of fact may result in Wayward Whiskers refusing foster privileges to me/us. If my/our request for fostering is approved and later Wayward Whiskers discovers the above information is not true or correct, Wayward Whiskers reserves the right to remove the fostered animal(s) from my home. Wayward Whiskers reserves the right to deny any application for adoption for any reason.***

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Wayward Whiskers Representative: \_\_\_\_\_ Date: \_\_\_\_\_