



P.O. Box 412
Greensburg, PA 15601
waywardwhiskers15601@gmail.com
724.610.9848
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	

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: _____