



# WAYWARD PAWS, INC.

3205 Bush Road  
Jamesville, NY 13078  
315-461-4Cat (4228)

## FOSTER CARE APPLICATION

### ***PERSONAL DATA***

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OVER 18 YRS. OF AGE \_\_\_\_\_

(If no, parent or guardian must also sign application - page 3)

### ***REFERENCES***

Please list three references and their telephone numbers.

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

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

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

### ***HOUSEHOLD INFORMATION***

Living Accommodations          Rent          Own          Other \_\_\_\_\_

Does your lease allow pets?          Yes          No

Landlord's name \_\_\_\_\_ Phone# \_\_\_\_\_

Do you have screens on your windows?          Yes          No

List House Members \_\_\_\_\_

How many children at home? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Have they handled animals before?          Yes          No

Do you or any members of your household have any allergies to CATS?          Yes          No

If yes, how will you cope with them? \_\_\_\_\_

## ***PERSONAL PET INFORMATION***

Do you have any pets now?    Yes    No    How many? \_\_\_\_\_

<b>Name</b>	<b>Breed</b>	<b>Sex</b>	<b>Spayed/Neutered</b>	<b>Age</b>

Please list your current veterinarian's name \_\_\_\_\_

Current veterinarian's phone# \_\_\_\_\_

Do your pets have any behavioral problems or chronic illness?    Yes    No

Explain: \_\_\_\_\_

\_\_\_\_\_

Are your pet's immunizations current?    Yes    No

Where do your pets stay? \_\_\_\_\_

\_\_\_\_\_

If you have no pets now, have you had pets before?    Yes    No

If yes, where are they now? \_\_\_\_\_

\_\_\_\_\_

How much time do you devote to your pet on a daily basis? \_\_\_\_\_

## ***GENERAL INFORMATION***

How did you hear about the Foster Care Program? \_\_\_\_\_

\_\_\_\_\_

Would you permit a Wayward Paws Foster Program Representative to visit your home?    Yes    No

Have you attended any formal animal care or training classes?    Yes    No

If yes, when and where? \_\_\_\_\_

\_\_\_\_\_

Have you ever administered medication to a cat before?    Yes    No

Can you attend scheduled meetings or an occasional training session related to the Foster Program?

Yes    No    If no, why not? \_\_\_\_\_  
\_\_\_\_\_

What pet supplies do you have? (crate, litterpan, grooming tools, etc.) \_\_\_\_\_  
\_\_\_\_\_

***FOSTER INFORMATION***

How many days/weeks can you foster an animal? \_\_\_\_\_

How much time daily would you have for your foster animal? \_\_\_\_\_  
\_\_\_\_\_

Describe areas where foster animal will be housed and cared for: \_\_\_\_\_  
\_\_\_\_\_

How will you segregate the foster animals from your own pet? \_\_\_\_\_  
\_\_\_\_\_

What are the care arrangements when you are not home? \_\_\_\_\_  
\_\_\_\_\_

What behavior are you unwilling to work with? \_\_\_\_\_  
\_\_\_\_\_

What kind of cats are you prepared to foster? (Please circle all that apply)

- Injured/ill adult cats
- Injured/ill kittens
- Mother with kittens
- Litter of orphaned kittens

Other: (list) \_\_\_\_\_

**I give permission to Wayward Paws to verify any of the information given.  
Completion of this application does not necessarily guarantee acceptance into the program.**

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**