

# WAYWARD PAWS, INC.

9048 Delphi Falls Rd., New Woodstock, NY 13122

## FOSTER APPLICATION

Fill out completely and mail to Wayward Paws, Inc., 9048 Delphi Falls Rd., New Woodstock, NY 13122

Or e-mail to: [waywardpawsofcny@gmail.com](mailto:waywardpawsofcny@gmail.com)

### PERSONAL DATA

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street

City/State/Zip

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

DO YOU OWN A CAR: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### REFERENCES

Please list three references and their telephone numbers:

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

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

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

### HOUSEHOLD INFORMATION

Do you rent or own your home: \_\_\_\_\_ Rent \_\_\_\_\_ Own

If you rent, does your lease allow for pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

List household members and ages: \_\_\_\_\_

Does anyone in your household have cat allergies? \_\_\_\_\_

### PERSONAL PET INFORMATION

Do you have experience with cats? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently own any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, How Many \_\_\_\_\_

If No, have you ever owned pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Current veterinarian's information: \_\_\_\_\_  
Name Phone#

Do any of your pets have behavior problems or chronic illnesses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please explain: \_\_\_\_\_

Are your pets current on their immunizations? \_\_\_\_\_ Yes \_\_\_\_\_ No

### GENERAL INFORMATION

How did you hear about Wayward Paws, Inc.'s Foster Care Program? \_\_\_\_\_

Are you able to attend scheduled meetings or an occasional scheduled training session related to the Foster Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

### FOSTER INFORMATION

Fostering is a 7 day a week commitment, how much time daily do you have to spend with the cat/kittens?

What supplies do you have to foster? (crate, litter pan, food dishes, grooming tools, etc.: \_\_\_\_\_

Do you have a separate room to segregate the foster cats from your own pets? \_\_\_\_\_

What behavior are you not willing to work with? \_\_\_\_\_

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

Homeless Adult Cats      Homeless Kittens      Mothers with Kitten      Litter of Orphaned Kittens (Bottle Feed)

Other: (List) \_\_\_\_\_

***I give permission to Wayward Paws, Inc. to verify any/all of the information given. Completion of this application does not guarantee acceptance into the program. I hereby agree that I am providing volunteer services to Wayward Paws, Inc. and I understand that Wayward Paws, Inc. is not responsible for any illness or injury caused by any animal that I come in contact with during my volunteer work. I agree to hold harmless and release from liability, Wayward Paws, Inc. should I become sick or injured from any animal as a result of my volunteer work.***

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

\_\_\_\_\_  
Date