



FOSTER APPLICATION

Your Name:

First

Last

Occupation:

Primary Phone:

Alternative Phone:

Home Address:

Street Address 1

Address Line 2

City, State, Zip Code:

Email:

Your Age:

(only if under 21)

Experience and Interests

What are you interested in fostering? Check all that apply

Bottle Baby Kittens

Weaned Kittens over 4-5 weeks old

Teenagers

Adults

Special needs - medical

Special needs - timid

Mom with kittens/pregnant mom

Have you ever fostered animals before?

Yes

No

Do you have experience caring for bottle babies?

Yes

No

About your Household

How many people are in your household? _____

Is anyone in your home allergic to cats?

Yes

No

Are animals allowed at your residence?

Yes

No

I'm not sure

What pets do you currently have?

Cats

Dogs

Other

None

Accessibility

Do you have a car?

Yes

No

Do you have room to isolate fosters from other animals in the house for at least 10–14 days?

Yes

No

Please list any limitations you might have:

Please list any additional areas of interest with regards to animals:

Signature

I certify that all of the above information is true and accurate regarding my abilities and situation as a foster parent.

full legal name as signature

date

To submit this form, you can:

Email it to info@kittycorralers.com

OR

take a CLEAR picture of each page and text it to 760-820-2287