



Wells Valley Cat Rescue  
P.O Box 567  
New Milford CT 06776  
(860)421-3755  
Email: [wvcrescue@gmail.com](mailto:wvcrescue@gmail.com)

## FOSTER APPLICATION

**PLEASE KEEP THIS PAGE OF THE APPLICATION**

Thank you for considering adopting from Wells Valley Cat Rescue. Please complete the attached adoption application to the best of your abilities. We make every effort possible to find the best homes for our cats and kittens that will provide them the love they deserve.

Please review the below requirements prior to submitting your application:

- + All applicants must be 21 years of age or older.
- + A copy of your driver's license must accompany this application.
- + A Veterinary Reference will be required for all fosters with existing pets in the home. **Please contact your Veterinary Office within 24 hours of the submission of this application to allow Wells Valley Cat Rescue to have access to your animal's medical information.**
- + All existing pets in the home are required to be altered and update to date on both the rabies vaccination and distemper.
- + All cats and kittens are required to be indoor only pets. No Exceptions.

**Wells Valley Cat Rescue reserves the right to approve or deny any application in its discretion. Completion of this application does not guarantee acceptance into the Foster Care Program at WVCR.**

Please contact the shelter directly at [wvcrescue@gmail.com](mailto:wvcrescue@gmail.com) for any questions. Questions on the status of your foster application can be emailed to: [wvcrescue@gmail.com](mailto:wvcrescue@gmail.com)

We look forward to working with you!

The Wells Valley Cat Rescue Staff



**Wells Valley Cat Rescue**  
**P.O. Box 567**  
**New Milford CT 06776**

**Foster Application**

Date Submitted: \_\_\_\_\_

**Please check fostering preference:**

**One Kitten** \_\_\_\_\_ **Pregnant Cat** \_\_\_\_\_ **Adult Cat** \_\_\_\_\_ **Multiple Kittens** \_\_\_\_\_

**Cat with newborns** \_\_\_\_\_ **Senior Cat** \_\_\_\_\_ **Special Needs Cat** \_\_\_\_\_ **Bottle babies** \_\_\_\_\_

Have you previously submitted an application to WVCR? ☐ Yes ☐ No If Yes, When? \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Names and ages of all other people who reside at this residence: \_\_\_\_\_

\_\_\_\_\_

Is your residence a: ☐ House ☐ Apartment ☐ Condo ☐ Other (please specify) \_\_\_\_\_

Do you: ☐ Own ☐ Rent

If you rent, does your lease allow pets? ☐ Yes ☐ No

If you live in a condo, does your association allow pets? ☐ Yes ☐ No

Landlord/Condo Association Name and Contact Number: \_\_\_\_\_

\_\_\_\_\_

Please provide information about all animals that reside inside your home.

Pets Name	Type of Animal	Age	Spayed/Neutered? (Y/N)	Indoor/Outdoor Both?	Declawed? (Y/N)

How many dogs and cats have you owned/cared for in the last 10 years that are not listed as current residents?

\_\_\_\_\_ Dogs \_\_\_\_\_ Cats

What Happened to these animals? \_\_\_\_\_

\_\_\_\_\_

Does anyone in your home have allergies to animals? ☐ Yes ☐ No If Yes, Please specify:

\_\_\_\_\_

Please provide the Name and Contact information for your current veterinarian: \_\_\_\_\_

\_\_\_\_\_

**\*Please contact your veterinarian within 24 hours of submitting this application to allow Wells Valley Cat Rescue to have access to your current and past animal's medical records\***

What name are the records under: \_\_\_\_\_

Have you ever used another veterinarian in the past 5 years? If Yes, please provide Name and Contact info: \_\_\_\_\_

\_\_\_\_\_

How many hours each day will the Cat/Kitten be left alone? \_\_\_\_\_

Do you travel often? ☐ Yes ☐ No If yes, who will care for the cat/kitten while you are away?

\_\_\_\_\_

Where will the Cat/Kitten spend time while you are **not** home?

☐ Loose Indoors ☐ Confined to a room indoors ☐ Garage ☐ Basement  
☐ Outdoors ☐ Other: \_\_\_\_\_

Where will the Cat/Kitten spend time while you are home?

☐ Loose Indoors ☐ Confined to a room indoors ☐ Garage ☐ Basement  
☐ Outdoors ☐ Other: \_\_\_\_\_

Have you ever had to surrender an animal to a rescue group, pound or animal shelter?

☐ Yes   ☐ No   If Yes, please explain below

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### Personal References

Please provide the names and phone numbers of 2 references that you have known for more than 3 years. Only one of the two may be a relative.

Name	Phone Number	Relationship to You

Are you prepared and willing to accept full and immediate responsibility for the fostering of a cat/kitten?

☐ Yes   ☐ No

*I hereby affirm that I have answered the above questions completely and truthfully. I give permission for WVCR to contact my landlord, veterinarian and personal references listed in this application. I understand that WVCR intends to use the information that I have provided in connection with this application solely for purposes related to the processing of this application and will not be shared.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY:

Name of Processing WVCR Representative: \_\_\_\_\_

Vet Check Completed On: \_\_\_\_\_ Personal Reference Check Completed On: \_\_\_\_\_

Comments:

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☐ Application Approved   ☐ Application Denied   Cat/Kitten Fostered: \_\_\_\_\_