



Wells Valley Cat Rescue

P.O Box 567

New Milford CT 06776






(860)421-3755

Email: wvcrecue@gmail.com

PLEASE KEEP THIS PAGE OF THE FOSTER APPLICATION

Thank you for considering fostering for Wells Valley Cat Rescue. Please complete the attached foster application to the best of your ability. We make every effort possible to find the best foster matches so that our cats and kittens will get the love, care and socialization they need as they await placement in their forever homes.

Please review the below requirements prior to submitting your application:

-  All foster 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 up to date on both the rabies vaccination and FVRCP/distemper.
-  Foster cats and kittens **must be kept indoor with a separate space** away from your other animals.

Wells Valley Cat Rescue reserves the right to approve or deny any foster application at its discretion. Completion of this application does not guarantee acceptance as a foster for WVCR.

Please contact the rescue directly at wvcrecue@gmail.com with any questions. Questions on the status of your adoption application can be emailed to: wvcrecue@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: _____

What types of cats/kittens are you interested in fostering? Check all that apply.

- Litter of kittens (Maximum litter size desired: _____)
- Pregnant mama cat
- Mama cat with kittens

Have you previously submitted an application to WVCR? Yes No If yes, when? _____

First Name: _____ Last Name: _____ DOB: _____

Street _____ City _____ State _____ Zip _____

Home/Cell # _____ Email _____

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.

Pet 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 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.

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 responsibility for the cats/kittens you will fostering, including daily care, socialization, trips to the veterinarian and delivery to scheduled adoption events?

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 the purpose of processing this application and will not be shared.

Signature: _____ **Date:** _____

<p>OFFICE USE ONLY:</p> <p>Name of Processing WVCR Representative: _____</p> <p>Vet Check Completed On: _____ Personal Reference Check Completed On: _____</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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