



West Coast Dog and Cat Rescue Feline Foster Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Place of employment: _____ Occupation: _____

Reason for interest in being a foster parent: _____

Do you: Own Rent Other, please explain _____

If you rent do you have landlord's permission to house a cat(s)? Yes No

What percentage of the time will the cat be left alone? _____

Where will it be left when alone? _____

What area(s) of the house will the cat be allowed in? _____

Where will the cat sleep at night? _____

Do you have a fenced yard? Yes No

Is the fence cat proofed? _____ What type? _____

Are you willing to foster a special needs cat? Yes No

Do you have any pets? Please explain _____

Are there children in the house? Yes No What age(s): _____

Are you willing to foster a cat that is,

Not litter box trained Yes No

Not dog friendly Yes No

Not cat friendly Yes No

Not child friendly Yes No

De-clawed Yes No

Do you have breed, age, or sex preference? _____

Under what circumstance(s) would you have to give up your foster cat(s)?

To be completed by WCDC staff

Volunteer application complete and signed _____ Date _____

Interview _____ Date _____

Home check _____ Date _____

Landlord approval _____ Date _____

Notes _____
