



# Foster Application Form

Thank you for applying to become a Wolly Kitten Club Foster. Please complete this form and return it to the address below or email to: [wollykittenclub@gmail.com](mailto:wollykittenclub@gmail.com)

Wolly Kitten Club  
ATTN: Shannon Blake  
5452 Sugar Hill Drive  
Houston, TX 77056

<b>About You</b>	
Name:	
Address:	
City, State, Zip Code:	
Phone number:	
Email:	
Your Age: <small>(Only if under 21)</small>	

<b>Experience &amp; Interest</b>	
What is your experience with cats and kittens?	
Why do you want to foster cats and kittens?	
Are you willing to foster:	
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Sick cat/kittens in treatment
<input type="checkbox"/> Mom with kittens	<input type="checkbox"/> Cats/Kittens with special diet
<input type="checkbox"/> Weaned kittens	<input type="checkbox"/> Cats/Kittens that need socializing
<input type="checkbox"/> Bottle babies	<input type="checkbox"/> Cats/Kittens needing long-term fostering (>6 weeks)

<b>About your household</b>
Please describe your housing situation:



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How many people are in your household?
Are animals allowed at your residence?
Where would the cats/kittens be inside your home?
Do you have room to isolate fosters from other animals in the house for at least 14 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Please tell us about your own pets:
<b>Accessibility</b>
Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to get foster cats/kittens to medical appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you foresee significant changes in your life in the next 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any limitations you might have:
Please list any additional areas of interest:
I certify that all of the above information is true and accurate:
Full Legal Name (as Signature) _____ Today's Date _____