



# FOSTER APPLICATION

Please complete form below and return to your Kamm's Cat Guardian Representative. All foster applications are reviewed in the order they are received and subject to home inspection.

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ Check here to opt OUT of our mailing list.

How did you hear about Kamm's Cat Guardians?

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Why are you looking to foster?

Week            Month            As Long As Needed            Other:

Please check what type of animals you would be interested in fostering

- Mother and Kittens
- Kittens without mother (7-12 weeks)
- Special needs – medical
- Special needs - behavioral
- Adult female
- Adult male

Do you have any children? Have they had experience with pets before?

Do you have other pets? How do you think they will respond to a foster pet?

Have you fostered before? Tell me about your experience.

Tell me about your living situation. Have you verified that your apartment/landlord accepts pets?

May we contact your current vet as a reference?

Vet Name:

Vet Phone number:

A home inspection may be requested. When are you available?

Do you have any questions or concerns?

• \*\*\*\*\*Internal Use\*\*\*\*\*

• KCG Board Member Approval / Date

Vet Reference

Home Inspection scheduled

Notes:

Clear Form and reset