



Foster Application Form

Complete & submit this application to bowieclaw@gmail.com for review. Applicants will be contacted to schedule an interview. Filling out the application DOES NOT guarantee a foster position. Applicants must be 18+ years old, the homeowner, or is considered head of household at the property. Renters require written approval from landlords.

Applicant Information

Applicant Name _____ **Primary Contact #** _____
Age (if under 21) _____ **Email** _____
Occupation Status Full-time Part-time Retired Student Work from home Other _____
Property Address _____
Duration at this address ____ **Residence Status** Own Rent Military Housing Other _____
Property Type House Townhouse Apartment Farm Other _____
Renters can you get written permission to foster? Yes No

Experience & Interest

Do you have previous experience fostering animals? Yes No
Do you have experience caring for bottle baby kittens? Yes No

What types of foster situations you are interested in?

- | | | |
|--|---|---|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Nursing Females with kittens |
| <input type="checkbox"/> Newborn Bottle Baby | <input type="checkbox"/> Weaned Kittens over 4-5 weeks | <input type="checkbox"/> Teens up to 1 year |
| <input type="checkbox"/> Kittens Special Needs:
Medical Cases | <input type="checkbox"/> Behavior Development
(i.e. Timid, Fearful, Anti-social) | <input type="checkbox"/> Abuse & Severe Neglect
Rehabilitation |

About Your Household

Identify all applicable human & pet residents currently in your home.

Adults Teens Children Babies Elderly Dogs Cats Exotic Animals
Do you have room to isolate/quarantine fosters in the house for at least 10-14 days? Yes No

Availability

Do you have reliable personal transportation? Yes No
The organization puts on recurring monthly local adoption events, usually on the 3rd Saturday.
Are you able to attend the monthly events with your fosters? Yes No Sometimes
Do you foresee any significant changes in your life in the next six months? Yes No

Please list any limitations you may have. _____

Please list any additional areas of interest relevant to fostering. _____

I certify that all of the above information is true & accurate regarding my capabilities & availability to foster with Bowie CLAW.

Applicant Signature _____ **Date** _____