

EIN: 83-1171810

Catmosphere Laguna Foundation Foster Application – Age 21 Years and Older

Date: _____ Name of Cat/Kitten (ID#): _____

Your Name: _____

Address: _____ Email Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Social Media ID(s) _____

How many are in your household? _____ If there are children, what are their ages? _____

*Do you live in a: _____ House _____ Condo _____ Apartment _____ Mobile Home _____
Other _____

Do you: _____ own _____ rent

If you rent, do you have your landlord's permission to have a pet? _____

If you rent, may we contact your landlord? ___ Yes ___ No

Name and Phone Number of your landlord:

***HOME CHECK MANDATORY FOR FIRST TIME FOSTERS**

Do you currently have any other pets? _____ Yes _____ No If so, how many, what species, breed, sex and age? _____

Please outline your previous experience as a foster or pet owner: (Use back of form for additional space)

Are you or any of your family members in the household allergic to any animals?

What hours of the week (if any) are you absent from the home? _____

Who will be the responsible human in your home? _____

Where will the cat/kitten sleep? _____

WHY DO YOU WANT TO ACT AS A CATMOSPHERE LAGUNA FOUNDATION
FOSTER?

Additional comments/questions here:

Please email us at:

Teamfeline@catmospherelaguna.com

See our website at:

www.catmospherelaguna.com

And most of all thank MEW 