



## Foster Care Application

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to assure a positive experience for both you and the animals. Thank you for your time and interest!

**To be considered for foster care, applicants must:**

- Be 21 years of age or older.
- Have the consent of all adults living in the household.
- Have the consent of the landlord to keep an animal on the property.

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever fostered before? \_\_\_\_\_ If yes, for which Humane Society? \_\_\_\_\_

What type of animal are you interested in fostering? *Check all that apply.*

- Young kittens with mother cat.
- Kittens without mother cat who need hand feeding and stimulating every 2 hours.
- Pregnant cat who could give birth under your care.
- Cat or kitten with special behavioral/training needs.
- Puppies under the age of 12 weeks old.
- Sick/injured/pregnant/recuperating dog.
- Dog with behavior/training needs.

Do you own your home or do you rent your home? \_\_\_\_\_

If you rent, what is your landlord's name? \_\_\_\_\_

What is your landlords phone number and email? \_\_\_\_\_

Are there any children in your home on a regular basis? \_\_\_\_\_

If so, what are their ages? \_\_\_\_\_

Do you have a separate room available for the foster animals? \_\_\_\_\_

Are all your pets current on vaccinations, spayed or neutered? \_\_\_\_\_

Who is your current veterinarian? \_\_\_\_\_

What is your veterinarian's contact number? \_\_\_\_\_

Where do you plan to keep your foster pet? \_\_\_\_\_

How many hours per day will your foster pet be without care? \_\_\_\_\_

Please list the name, sex and species of your current pets:

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Have you ever housetrained a dog?

Have you ever crate trained a dog?

Have you ever assisted in birthing an animal?

Are you experienced with any specific medical conditions, training dogs, or behavioral issues? \_\_\_\_\_

If so, please explain:

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NOTE: I understand that while fostering I will always keep canines on leash when outside of my home. I will refrain from allowing LRHS dogs to interact with other animals or children in the home or community. I will not allow shelter pets to drink from natural still bodies of water (such as puddles, ponds, etc. may cause intestinal parasites). I will keep my foster pets separate from my owned pets unless a special understanding has been put in place with representatives of LRHS.

**Please initial next to each statement to show you understand:**

\_\_\_\_ I agree to keep my personal pets separate from LRHS foster animals. If the foster animal is incubating any diseases this separation will minimize transition to existing pets.

\_\_\_\_ I agree to always keep foster animals indoors or on leash while in my care.

\_\_\_\_ Should the foster animal become ill or injured while in my care, I agree to call LRHS first and follow their instructions for care.

\_\_\_\_ In case of pet medical emergency, I must contact LRHS first for instructions. I understand that I may be responsible for transporting my foster pet to an emergency veterinary hospital selected by LRHS. If I choose to bring the foster pet to a hospital that has NOT been authorized by an LRHS representative or on that is NOT listed on the emergency contact list, the cost of pet services will be mine to cover.

\_\_\_\_ I will provide fresh food and water daily. LRHS will provide food and pet supplies as well as routine medical care to LRHS pets in your care. Should you require more supplies please reach out to LRHS and request them. LRHS will not reimburse unapproved purchases made by the Foster Home.

\_\_\_\_ I fully understand that LRHS foster animals are the property of LRHS. I understand decisions made by LRHS staff regarding the return and/or disposition of this foster animal are final.

\_\_\_\_ I agree to return the foster animal(s) at a time and date agreed upon by myself and LRHS staff.

**Foster Parent Waiver**

I, the undersigned, hereinafter referred to as Foster Parent, on the date written below do hereby release, waive and forever hold harmless the Lakes Region Humane Society (LRHS) from any and all claims, injuries or harm suffered at LRHS or while in the company of animals belonging to LRHS. This release shall be binding on the Foster Parent, his/her assigns, executors, administrators, conservators or guardians. Foster Parent acknowledges that no compensation shall be received for volunteer services performed.

By signing below Foster Parent is acknowledging that while engaging in animal care at LRHS or while Fostering off-site, a risk of illness, injury or harm from contact with the animals is presented as are risks of general injuries or accidents. By signing below Foster Parent agrees to take FULL financial and legal responsibility for accidents, injuries, illnesses or incidents involving an animal owned by LRHS while the animal is off-site and under the care of the Foster Parent, this includes car accidents, pet fights, pet injuries and injuries to other people due to interactions with LRHS pets.

Foster Parent Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**An examination of each Foster Home must be conducted annually by an LRHS Representative.**

Home visit date \_\_\_\_\_ Was the home deemed safe for foster? \_\_\_\_\_

Staff member conducting visit: \_\_\_\_\_

Additional Notes: \_\_\_\_\_