



Lakeshore Humane Society Foster Home Application

Date: _____

Name of volunteer requesting to foster: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email: _____

What is your age or birthdate: _____ (Must be at least 21)

What is your occupation: _____

Who is your employer: _____

Do you have transportation to adoption events or any urgent vet visits? _____

Will you be available to attend the LHS monthly meetings at the Adoption Center? _____

With whom do you share your household (residents & frequent visitors) If children, what are their ages:

Do you have any pets in your household? If so, what are their breeds, size, weight and ages: _____

Are your current pets spayed and/or neutered? If not why? _____

Are your current pets all up to date on vaccinations? If not why? _____

Veterinarian's Name and Phone #: _____

Do you rent or own: _____

If you rent, how long have you lived there: _____

What is your landlords name and phone #: _____

What type of home do you live in: _____

Do you have a fenced in yard? If so, how high is the fence: _____

Do you share a yard with other residents? If so, do they have pets: _____

Do you have a pool: _____ Does it have a fence around it: _____

Is anyone home during the day? If so who: _____

How much time will the cat/dog spend alone during the day: _____

Who in the household will care for the cat/dog: _____

Where will the cat/dog be kept when you are home: _____

Where will the cat/dog be kept when you are not at home? (crated, gated, separate room, free to roam)

Where will the cat/dog sleep: _____

Do you have the ability to isolate or quarantine the cat/dog if needed? (such as a spare room dedicated solely to the foster pet): _____

Do you have any foster care experience? Explain: _____

What experience do you have in raising and training pets: _____

If the cat/dog becomes destructive, what would you do? _____

Are you comfortable using a crate for your foster if it is recommended? _____

Have you ever fostered for another group? _____

Which of the following will you be willing/able to do with your foster pets?

Conduct Home Visits Attend Rescue Events

Take to Vet Visits Bring to Training

Will you be comfortable giving medication to your foster cat/dog if needed? _____

Which type of cat/dog would you be open to fostering? (Select all that apply)

Small Medium Large X Large

Mellow Active Senior Special Needs

List two references who are not family members including address and phone #:

Add any additional comments: _____

I certify that the information that I entered on this application is true:

Signature: _____ Date: _____

Witness Signature: _____ Date: _____