

## **Foster Application** Thank you for providing the following required information. Email: Name: Street Address:\_\_\_\_\_ City/State:\_\_\_\_\_ Zip:\_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ DL#\_\_\_\_\_ Please explain in a couple sentences why you would like to foster for LPCHS. Are you at least 21 years old □ Yes □ No Do you have a fenced in yard? □ Yes Are there children under 18 in the home? □ Yes If so, Please list ages of all children in home: □ Yes □ No Do vou have doos? □ Yes Do you have cats? □ No Are you currently fostering for any other organizations? □ Yes □ No Can the space where fosters will be kept be easily disinfected with □ Yes □ No bleach? Can fosters easily be isolated from other pets in the home? □ Yes □ No Do you own or rent your home? □ Own □ Rent If you rent, please provide your landlord's name and phone number. Current type of housing: □ House Condo or Apartment Mobile Home Other What kind of pet are you willing to foster? Puppies with Mom Orphaned Puppies requiring bottle feeding Puppies that do not require bottle feeding Adult Dog, who needs socializing and behavioral work Animals who need housing during emergency evacuation Kittens with Mom Do you have reliable transportation Yes No Are you willing to have a LPCHS staff member visit your home annually?

Is anyone in your home allergic to any ar	nimals		s 🗆 No
lf so, explain		ł	
Have you ever had a dog impounded by A	Animal Control?		s 🗆 No
Have you ever surrendered an animal?			s 🗆 No
Have any of your animals ever been pois	oned?		s 🗆 No
Have any of your animals been hit by a c	ar at your current residen	ce? 🗆 Yes	i 🗆 No
Have you read the Foster Care Brochure	? If not, please do so		s 🗆 No
Have you read the Foster Care Brochure Please describe the space where fosters			
•	will be kept when you are	e home and at b	
Please describe the space where fosters	will be kept when you are	e home and at b	pedtime.
Please describe the space where fosters Please describe the space where fosters Beyond basic care, how many hours a da Less than 1 hour	will be kept when you are will be kept when you are will be kept when you are ay will you spend interact ars	e home and at b e not home. ing/socializing	pedtime.
Please describe the space where fosters Please describe the space where fosters Beyond basic care, how many hours a da	will be kept when you are will be kept when you are ay will you spend interact ars	e home and at b e not home. ing/socializing	your foster?

Please provide this information for the animals who are currently in your home. Attach extra page if needed

Breed	Age	<u>Sex</u>	Are they fixed	Vaccines current	Where do they spend most of their tim

Please provide this information for any animals you have had in the last 5 years.

Breed	<u>Age</u>	<u>Sex</u>	Are they fixed?	What happened to this animal?

Do you agree to abide by all applicable city, county, and state ordinances relating to the housing and control of animals? □ Yes

🗆 No

I confirm that all information provided on this application is true and correct. I understand that by giving false information, I will be ineligible to foster any animal, now or in the future, from the La Plata County Humane Society.

Signature

Date

THANK YOU FOR YOUR INTEREST IN JOINING OUR FOSTER PROGRAM!						
	PetPoint		□ Home Visit			
Approved by	Date	Notes				