

# Lake Humane Society

## Foster Caregiver Application

Please fill out all information and return your application to LHS. We will then call you to schedule an interview.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Are you 18 years of age or older? YES / NO Date of Birth: \_\_\_\_\_

Please circle your housing status:

Rent an apartment    Rent a house    Own a house/condo    Live with parents

If you rent, please provide your landlords information:

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

If you live with your parents or are under 18, please provide their information:

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you able to transport foster animals to and from the shelter for appointments?

YES / NO Driver's License Number: \_\_\_\_\_

Do you have children in your household? YES / NO

How many? \_\_\_\_\_ Please list their ages: \_\_\_\_\_

Do any members of the household have allergies to animals? YES / NO

Do you have a fenced in backyard? YES / NO

How many hours out of the day are your pets left alone? \_\_\_\_\_

Do you have any experience fostering animals in the past? \_\_\_\_\_

What is your veterinarian's name/phone number? \_\_\_\_\_

Please list the current animals in your household:

Species/Breed    Sex    Age    Spayed/Neutered    Current Vaccines

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Are all of the pets listed above good with other animals? YES / NO

If you have cats, do you keep them indoor or outdoor? \_\_\_\_\_

If you have dogs, do you keep them indoor or outdoor? \_\_\_\_\_

How long would you be willing to keep a foster animal in your home? \_\_\_\_\_

Please indicate the type of animal(s) and how many you are able to provide care for:

\_\_\_\_\_ Cat(s)

\_\_\_\_\_ Dog(s)

\_\_\_\_\_ Kitten(s)

\_\_\_\_\_ Puppy(s)

\_\_\_\_\_ Cat with litter or pregnant

\_\_\_\_\_ Dog with litter or pregnant

\_\_\_\_\_ Kittens that need bottle fed

\_\_\_\_\_ Animal with Socialization Needs

\_\_\_\_\_ Animal with Medical Needs

Are you able to bathe, groom, and medicate a foster animal in necessary? YES / NO

Restrictions: \_\_\_\_\_

Where will the animals be kept in your house? \_\_\_\_\_

Where will they be kept when you are not home? \_\_\_\_\_

How did you hear about our Foster Program? \_\_\_\_\_

Are you interested in getting information on volunteering at the shelter? YES / NO

Thank you for your interest in helping the animals of Lake Humane by opening your home to them!



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