



Lakeshore Humane Society

Foster Application

1551 N. 8th St. Manitowoc, WI 54220
 Phone: 920-684-5401 Fax: 920-684-5702
 Website: www.lakeshorehumane.org

Interested in fostering:

Dogs

Cats

Small Animals

In order to be considered for foster, you must:

- Be at least 18 years of age
- Have formal identification
- Have the consent of all adults living in the household
- Attend training as required
- Understand that we have the right to deny or accept any application

| | | | |
|----------------------|------------------------|---------------|-------|
| Full Name | | Date of Birth | |
| | | | |
| Street Address | | City | State |
| | | | |
| Phone/Type (primary) | Phone/Type (secondary) | Email | |
| | | | |

Household Information

Do you (check one) Rent Own Other _____ How long at current residence? _____

Landlord/Management Co. and phone number: _____

Have you ever applied to adopt/foster from LHS before? Yes No

Have you adopted/fostered from another shelter or rescue? Yes No If so which one? _____

Are you currently: Employed Full-time Employed Part-time Student Retired

Other: (please explain) _____ Employer (Optional): _____

Personal References Please provide information for two non-related references:

| Name | Phone Number | Relation | Length of time known |
|------|--------------|----------|----------------------|
| | | | |
| | | | |

Please list all people currently living in your home:

| First & Last Name | Age | First & Last Name | Age |
|-------------------|--|-------------------|--|
| | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ | | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ |
| | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ | | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ |
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| | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ | | <input type="radio"/> 0-7 yrs <input type="radio"/> 7-12 <input type="radio"/> 12-18 <input type="radio"/> 18+ |

Please list all companion animals **currently** living in your home **and** those that have lived in your home over the **last 5 years**:

| Name | Breed | Age | Sex | Altered | Declawed | Still in Home |
|------|-------|-----|-----|---|---|---|
| | | | | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |
| | | | | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |
| | | | | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |
| | | | | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |
| | | | | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N |

Veterinary Information Are all of your current pets up-to-date with vaccinations? Yes No Unsure

| Clinic Name | Veterinarian Name | Location | Clinic Phone Number |
|-------------|-------------------|----------|---------------------|
| | | | |

Where will the dog/cat be kept when you are NOT home? _____

Are you familiar with crate training? Yes No

What training methods have you used in the past? _____

What will you do to correct inappropriate behavior? _____

What type of animal(s) are you willing/able to foster? _____

Are you able to take on a foster that will require medical treatment? Yes No

Are you interested in providing hospice foster to an animal in need? Yes No

Animals need to be in foster care for different lengths of time.

What would be the longest amount of time a foster pet could stay in your home? _____

| There are a variety of foster opportunities available. What companion animals are you interested in fostering? Please be aware that some opportunities may be seasonal, some require additional training through LHS, and some rarely occur. | |
|--|---|
| <input type="checkbox"/> Mom Cat & Kittens | <input type="checkbox"/> Mom Dog & Puppies |
| <input type="checkbox"/> Weaned Kittens | <input type="checkbox"/> Weaned Puppies |
| <input type="checkbox"/> Bottle Fed Kittens (Every 2-4 hours) | <input type="checkbox"/> Bottle Fed Puppies (Every 2-4 hours) |
| <input type="checkbox"/> Pregnant Cat | <input type="checkbox"/> Pregnant Dog |
| <input type="checkbox"/> Cats/Kittens with Cold | <input type="checkbox"/> Puppies Requiring Socialization |
| <input type="checkbox"/> Kittens Requiring Socialization | <input type="checkbox"/> Dogs Requiring Socialization |
| <input type="checkbox"/> Cats Requiring Socialization | <input type="checkbox"/> Dog Recovering from Injury/Surgery |
| <input type="checkbox"/> Cat Recovering from Injury/Surgery | <input type="checkbox"/> Puppy Recovering from Injury/Surgery |
| <input type="checkbox"/> Kitten Recovering from Injury/Surgery | <input type="checkbox"/> Adult Dog |
| <input type="checkbox"/> Adult Cat | <input type="checkbox"/> Adult Small Animal |
| <input type="checkbox"/> Mom Rabbits with Infants | <input type="checkbox"/> Mom Small Animal & Infants |
| <input type="checkbox"/> Rabbit Recovering from Injury/Surgery | <input type="checkbox"/> Mom Bird & Infants |

Please read the following statements about the LHS Foster Program and initial next to each statement to indicate that you understand and agree to abide by these terms.

- _____ Like most shelter animals, my foster may not be house/litter-trained. I understand that he/she may have accidents in my home.
- _____ Like many cats and dogs, my foster may chew/scratch on furniture, clothing, or other objects. I am comfortable working with this behavior and understand LHS is not responsible for these damages.
- _____ I agree to keep my foster cat indoors at all times; or my foster dog on a leash, in an enclosed fenced-in yard, or in my home at all times.
- _____ Representatives of LHS may need to contact or visit my home to discuss the foster animal. I understand that I may be asked to complete evaluation forms for the animal. I agree to be honest and forthright regarding the animal's behavior, be it positive or negative.
- _____ All medical treatment must be approved by LHS. I understand I am not allowed to take my foster animal to the vet without consent. I understand that I will not be reimbursed for any bills incurred if I take my foster animal to the vet without approval from LHS.
- _____ I understand that my foster animal should not be transported to any location other than my residence or LHS without the permission of an LHS representative.

The information contained in this application is, to the best of my knowledge, complete and accurate.

Signature _____ Date _____

-----OFFICE USE ONLY-----

| | | | |
|-----------------|---|-----------|--------------------|
| Identification | ID Type | ID Number | DOB |
| | | | |
| Housing | Verified | Date | Verified By |
| | <input type="radio"/> Yes <input type="radio"/> No | | |
| Comments | | | |
| Veterinary Info | Verified | Date | Verified By |
| | <input type="radio"/> Yes <input type="radio"/> No | | |
| LHS/PetPoint | Checked | Date | Verified By |
| | <input type="radio"/> Yes <input type="radio"/> No | | |
| Final Approval | Outcome | Date | Verified By |
| | <input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> Pending | | |
| Comments | | | PetPoint ID Number |
| | | | |