



# Lakeshore Humane Society

## Foster Application

1551 N. 8<sup>th</sup> 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, and provide Date of Birth for those over the age of 18:

First & Last Name	Age	Date of Birth		First & Last Name	Age	Date of Birth

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"/> Cats/Kittens with Dermatophytosis (Fungus)	<input type="checkbox"/> Mom Small Animal & Infants
<input type="checkbox"/> Cats/Kittens with other Illnesses	<input type="checkbox"/> Mom Rabbits with Infants
<input type="checkbox"/> Mom Bird & Infants	<input type="checkbox"/> Rabbit Recovering from Injury/Surgery

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