

## Tri-Lakes Humane Society Foster Care Sign Up Form

\*Please know that the animal(s) you're interested in fostering may not be available at this time. Our main priority is to place animals in foster homes that match both the needs of the animal and the needs of the foster.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Type of Housing(Rent/Own)Apartment/House \_\_\_\_\_

Number of People residing in home \_\_\_\_\_

Ages of people in the home \_\_\_\_\_

\*\*\*\*\*

I am willing to foster the following (check all that apply):

- |                                                   |                                                     |
|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Cat with kittens         | <input type="checkbox"/> Dog with puppies           |
| <input type="checkbox"/> Orphaned kittens         | <input type="checkbox"/> Orphaned puppies           |
| <input type="checkbox"/> Mildly sick cat/kittens  | <input type="checkbox"/> Mildly sick dog/puppies    |
| <input type="checkbox"/> Healthy adult cat        | <input type="checkbox"/> Healthy adult dog          |
| <input type="checkbox"/> Hospice for terminal cat | <input type="checkbox"/> Hospice f for terminal cat |
| <input type="checkbox"/> Senior cat               | <input type="checkbox"/> Senior dog                 |

1. Does anyone in the home have allergies to cats/dogs?
2. Is the whole family on board with fostering animals?
3. Are the pets currently in your home spayed/neutered? Yes/No....If No why?
4. Are you willing to foster an animal on medication? Yes/No
5. Longest period of time you will be able to foster?
6. Will animals be indoor? Outdoor? Both?
7. If fostering a dog is there an outdoor space? Yes/No Fenced? Yes/No  
Height of fence
8. How many hours a day are you away from the home?
9. Have you had any animals pass of an illness in the last 7 years? What from?  
Do you still live in that home?

10. Are all pets in home current on vaccinations? Yes/No

11. Are you willing to allow home visits to fostered animals from the shelter staff?

12. Have you fostered in the past?

13. Are you currently fostering for another organization? If Yes, Who

14. Are you willing to abide by all animal control laws with regard to your foster animal?

If you rent , Landlord's name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_