

Thank you for your interest in providing a Foster Home for our animals in need. Completing this application will help ensure the best possible match for each foster pet with a suitable foster home. The HSLC will not share information on this application for any reason not connected to the Foster Care Program unless required by law. Please answer all questions to the best of your ability and read all the terms and conditions in this document. Then sign, date, and return the completed application by mail, email, fax, or in person to:

Humane Society of Livingston County
2464 Dorr Road, Howell, MI 48843
Attn: Foster Coordinator

Email: fostering@humane-livingston.org
FAX: 517-552-8051
Phone: 517-552-8050 (for questions during shelter hours)

Foster Home Address and Contact Information

Your Name _____
(person completing and signing the application must be the Primary Foster Caregiver)

Address _____ City _____ State _____ Zip _____

Preferred Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact Person: _____ Phone: _____
(if we are unable to reach you)

Foster Caregiver Profile/ History

Why do you want to foster? _____

When would you be available to foster? Start date _____ End Date _____

Are you currently fostering animals for another person or organization? No If Yes, for who? _____

Have you provided foster care for animals in the past? No If Yes, explain: _____

Are you at least 21 years of age? Yes No

Have you or anyone in your home ever been charged with or convicted of animal cruelty, neglect or abandonment? No If Yes, explain: _____

Do you have any personal restrictions that would limit your ability to provide foster care?
 No If yes, please explain: _____

Have you volunteered for the HSLC in the past? No Yes, when? _____

Have you ever adopted from the HSLC in the past? No Yes, when? _____

Foster Home Profile

Do you own or rent? Own Rent Type: House Farm Condo Mobile Home Apartment

If rental, landlord's name / phone number: _____

What is the speed limit on your road? _____

Number of adults in home including yourself: ____

Are all adults in agreement with the decision to foster animals? Yes No, explain _____

Number of children: Living in the home ____ Visiting frequently ____ Ages of children _____

How many hours per day would the foster pet be alone or without an adult caregiver? _____

Who is responsible for the care of the animals when you are not home? _____

List other people who are living in the home and/or would have regular contact with your foster animal(s):

Current Animals and Experience at the Foster Home:

Dogs: #M__ #F__ Spayed/Neutered? _____ Vaccine status? _____ Indoor/Outdoor

Cats: #M__ #F__ Spayed/Neutered? _____ Vaccine status? _____ Indoor/Outdoor

If outdoor, how often? _____

List any other types of animals in your home or on your property? _____

Describe any medical conditions your current animals have including special diets, treatments, medications:

Aside from the above, list any other pets you had in your home the past 5 years & what happened to them:

In addition to the above, what experience have you had with animals that would be helpful in fostering?

Are you currently breeding or have you ever bred your animals? _____

Where do your current pets stay when you are home? _____ When you are not home? _____

Foster Pet Care at Home

Where will the foster pet stay when you are home? _____ When you are not home? _____

Where will the foster pet sleep? _____

How will the foster pet be contained when outdoors? (applies to dogs only; fenced yard, height, gate, lock, etc.)

Are you able to keep your pets separate from the foster animal for the entire time you are fostering?

How will you transport your foster pet to / from our shelter? _____

Foster Pet Preferences

What type of animal(s) would you be willing to foster? (check / circle all that apply + add comments if needed)

Mother cat / dog with litter of kittens / puppies

Young kittens / puppies (eating on their own; need socialization)

Bottle feeding kittens / puppies (typically < 5 weeks of age)

Young Adolescent or Adult cat / dog needing special behavior training and/or socialization

Senior cat / dog with special needs

Injured or ill cat / kitten or dog/puppy with temporary medical recovery needs

Are you willing to foster a "special needs" pet? (such as in need of medical care, behavior training, shy/timid)

No Yes, give examples: _____

What types of animals or conditions are you NOT willing to work with? _____

Dog Preferences:

Size: < 20 pounds 21 – 40 pounds > 40 pounds any size

Activity Level: Quiet Active Other preference: _____

Cat Preferences:

Activity level: Quiet Active Other preference: _____

Other Considerations: _____

Foster Home Application Process and General Terms

In order to be considered as a Foster Home Caregiver, you must be at least 21 years of age. The Humane Society of Livingston County reserves the right to deny any foster application and make a home visit prior to ensure the pet is being humanely treated and receiving appropriate care. If the foster home is a rental or in a mobile home park, permission of the park manager or landlord is REQUIRED prior to approval as a foster home.

The HSLC will determine the criteria for fostering, decide which animals will be fostered, and appoint caregivers for these pets. Approved foster care volunteers may always refuse any specific request to foster due to timing or other reasons. The HSLC staff will inform you of any required medical treatment to be given, the objective of the care (restoring to health, rearing to adoptable age, socializing, etc.) and any other expectations we have. You will be expected to keep the animal safe and secure, return it to the HSLC when requested to do so for any reason, and not relinquish the animal to anyone without appropriate approval by HSLC staff.

It is possible that an animal you have cared for may be euthanized if it becomes sick or exhibits behavior problems making the animal unsuitable for adoption. Since this is a possibility, it is important that you be able to accept a decision made by the HSLC to euthanize the pet, should it be necessary.

I have read and understand the statements above. _____ (Initials)

Additional Terms and Conditions

By signing this application below, I certify that all the information on this application has been provided by me and is truthful and complete to the best of my knowledge. I understand that submitting this application does not assure my acceptance as a Foster Caregiver. If I am approved as a Foster Caregiver, I understand that I will be required to complete a Foster Home Contract which is a separate document representing the legal contract between a Foster Caregiver and the HSLC. I will also be required to complete the Foster Home Orientation(s) as appropriate for the type of animal(s) that I will be fostering before I am allowed to take them home.

I am aware that the HSLC does not promise to offer me a fostering opportunity by a specific date or within a specific time period. I understand that foster homes are selected based on availability and suitability of the foster home to meet specific needs of each animal.

I understand that although the HSLC takes reasonable care to screen animals for foster care placement, it makes no guarantees relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which the HSLC has asked me to provide care.

I acknowledge that the HSLC is not responsible for any property damage or personal injury suffered by me, members of my household, or any third parties during a foster placement, and I assume liability to provide adequate controls to prevent such damage or injury.

To the best of my knowledge, I certify that no person residing in the household or having access to the animal(s) being fostered has ever been charged with or convicted of animal cruelty, neglect or abandonment.

I understand that providing false information will result in automatic refusal of fostering or confiscation of the foster pet.

I have read and understand the statements above. _____ (Initials)

Foster Caregiver Signature and Verification

Signature of Foster Caregiver

Date

Foster Caregiver (Print Name)

Copy of driver's license attached: Yes If No, other verification: _____

HSLC Office Use:

Comments:

Application Status: Approved Declined, Reason: _____

Signature of HSLC Representative

Date

If Approved, List Follow Up Required:	Date Completed	HSLC Rep Initials
HSLC Volunteer Orientation		
HSLC Foster Program Orientation		
HSLC Foster Home Contract Agreement		
Other:		

Provide a copy of this document to the Foster Caregiver upon request.
Retain the original document in a confidential file for use with HSLC Foster Care Program only.

