

**Foster Requirements:**

- ▶ MUST be 21 years or older and provide official identification
- ▶ Permission from a landlord is required to have a foster animal if renting
- ▶ All current pets must be spayed/neutered, current on vaccines
- ▶ Current dog owners, must arrange a meet and greet prior to fostering another dog



# FOSTER APPLICATION

\_\_\_\_\_ **Dog**

\_\_\_\_\_ **Cat**

**Fostering a pet is a serious responsibility and important part of Humane Society of Livingston County's (HSLC's) mission of saving lives. The HSLC strives to ensure that each person who fosters a pet is aware of and is willing to accept the responsibility that comes with having this pet. The following questions will help create a good match between the animal and its fostering home/family.**

Today's Date \_\_\_/\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

**Two personal references (unrelated to you, nor each other):**

Reference 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Veterinarian's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

(Please contact your veterinarian's office and give them permission to release information to us)

**1. Do you:**  Own  Rent  Live with family

If renting, landlord name: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Name of renting facility: \_\_\_\_\_

If living with family, homeowners name: \_\_\_\_\_ Phone no: \_\_\_\_\_

**2. Residence type:**  House  Apartment  Condo/duplex  Farm  Mobile home  Other \_\_\_\_\_

3. What is the noise/activity level in your home?  Low  Medium  High

4. How many adults reside in your home? \_\_\_\_\_ How many children under 18? (ages) \_\_\_\_\_

5. Pets currently in household (age, type, indoor/outdoor):

\_\_\_\_\_  
\_\_\_\_\_

6. Will this be your first time fostering?  Yes  No

If no, please explain when, where & type of prior fostering experience: \_\_\_\_\_

7. Have you volunteered at or adopted from HSLC previously?  Yes  No

If yes, please describe: \_\_\_\_\_

8. Are all family members in agreement with your decision to foster?  Yes  No

If no, please explain: \_\_\_\_\_

9. Does anyone in your home have allergies to animals?  Yes  No

10. Who will be the primary caregiver? \_\_\_\_\_

11. How many hours per day will foster pet be left alone?  0-2 hours  2-5 hours  5-10 hours  10+ hour

12. When alone, where will your foster be kept? \_\_\_\_\_

13. Who is responsible for the care of the animals when you are not home? \_\_\_\_\_

14. Are you able to transport foster pet to/from our shelter?  Yes  No

15. Do you have any physical restrictions that would limit your ability to provide foster care?  Yes  No

If yes, please explain: \_\_\_\_\_

16. Can you keep your pets separate from the foster animal for the foster period if need be?  Yes  No

17. Do you have a fenced yard (dog fosters)?  Yes  No

18. Are you able to keep your foster cat inside at ALL times?  Yes  No

19. Are you able to provide food & supplies for your foster animal?  Yes  No

20. How did you hear about fostering for HSLC? (Circle One)

Facebook

HSLC Website

Brighton Ford

Acquaintance

Walk In

**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

Hospice

Are you willing to foster a “special needs” pet? (i.e. in need of medical care, behavior training, shy/timid)

No  Yes, give types: \_\_\_\_\_

**Dog Preferences:**

Size: < 20 pounds   21 – 40 pounds   > 40 pounds any size (circle one)

Activity level:  Quiet  Active   other preferences: \_\_\_\_\_

**Cat Preferences:**

Activity level:  Quiet  Active   other preferences: \_\_\_\_\_

When can you begin fostering? \_\_\_\_\_

Timeframe preference for fostering:   Custom \_\_\_\_\_   Open \_\_\_\_\_

If I choose to end my fostering before the agreed date, I understand that I must notify The Humane Society of Livingston County at least 2-3 weeks in advance of returning the foster. This will allow HSLC to adequately prepare space for this foster to return permanently. In case of an emergency, I will contact the Director of Animal Welfare at HSLC immediately to arrange the return of my foster.

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 and I understand that providing false information will result in automatic denial to foster along with confiscation of the foster pet. If I am approved as a Foster Caregiver, I understand that I will be required to complete a Foster Home Contract (separate document) representing the legal contract between a Foster Caregiver and the HSLC.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**HSLC Office Use:**

Comments:

Application Status:  Approved  Declined, Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of HSLC Representative

\_\_\_\_\_  
Date

*The Humane Society of Livingston County reserves the right to deny any fostering application. HSLC additionally reserves the right to make a home visit prior to fostering as part of our process.*

Email: [fostering@humane-livingston.org](mailto:fostering@humane-livingston.org)

Fax: 517-552-8051 Phone: 517-552-8050(during business hours for questions)



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