



Lee County Humane Society

1140 Ware Drive, Auburn, AL 36832

334-821-3222

Foster Home Application

Please complete this application if you are interested in becoming a Foster Home for LCHS.

Foster Caregiver Information

Application Date: _____

| | | | |
|----------------|--|--------------|------|
| First name: | | Last name: | |
| Street: | | | |
| City: | | State: | Zip: |
| Primary phone: | | Other phone: | |
| Email address: | | | |

Are you at least 19 years old? Yes No

Occupation/Employer: _____
 Student Part-time Full-time

Which of the following describes your home?

1: Rent Own Other _____

2: Apartment Condo Mobile Home House

Landlord Contact Information (If applicable)

| | | | | |
|----------------|--|--------------|------|--------|
| First name: | | Last name: | | Title: |
| Street: | | | | |
| City: | | State: | Zip: | |
| Primary phone: | | Other phone: | | |
| Email address: | | | | |

Do all members of your household agree to fostering animals for LCHS? Yes No

Do you have any animals currently living in your household? Yes No

If so, what type and how many? Dogs _____ Cats _____ Other _____

Are the above animals up-to-date on vaccines? Yes No

Are the above animals spayed/neutered? Yes No

If 'No' what are the sex of the animals? Male _____ Female _____

Who is your primary Veterinarian? _____

Have you ever adopted from LCHS? Yes No

Have you ever fostered animals before? If yes, please describe Yes No

Please describe the home environment you are able to provide for a foster animal:

How many hours per day will your foster pet be left alone?

Where will you keep your foster animal while you are away from home?

Are you able to provide food, water, shelter, and love to a foster animal?

Yes No

Are you willing to assume any cost above and beyond that of basic care?

Yes No

Are you able to return your foster to LCHS for routine check ups during business hours (8-5)?

Yes No

Are you willing to participate in offsite adoption/other shelter promotional events with your foster animal?

Yes No

Indicate which animal(s) you are able to foster for LCHS:

Adult Dog Puppy Adult Cat Kitten

Indicate which type(s) of foster care you are interested in providing:

Adoption Ambassador (foster until adopted) Rescue or relocation candidate
 Too young for adoption, needs time to grow Sick or injured (Limited veterinary may be available)
 pregnant or nursing mother with young Behavior modification or training needed
 Other _____

Indicate what size animal you are able to foster:

Small (< 25lb) Medium (25-50 lb) Large (50-75lb) X-Large (>75lb)

Indicate how long you would be able to keep each foster pet:

2 -3 weeks 4-5 weeks 6-8 weeks As long as needed

Please share any other preferences or skills you may have for the fostering of animals:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a foster home any false statements, omissions, or other misrepresentationbs made by me on this application may result in my immediate dismissal.

Signature _____

Date: _____