



7564 Tyler Blvd., Bldg. E
Mentor, OH 44060
Phone: 440-951-6122

FOSTER CAREGIVER APPLICATIONS

All individuals interested in providing foster care must complete the following application. This information will enable the best possible placement for your home and lifestyle.

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Daytime Phone _____ Evening Phone: _____

Email _____

GENERAL FOSTER ANIMAL INFORMATION

What types of animals and how many would be able to provide care for?

___ Cat/s ___ Kittens* ___ Cat with litter of kittens

___ Dog/s ___ Puppy/s* ___ Dog with litter of puppies

___ Animal w/medical needs ___ Animal w/socialization needs

___ Senior animal ___ Small animals

**To qualify for foster placement, all puppies, or kittens (without a mother) will be at least 5 weeks old. However, please keep in mind that animals this age need a greater level of care.*

What is the length of time you would be able to keep a foster animal?

Are there any restrictions on the type and/or size of animal that you can foster? Yes No

If yes, please describe:

When fostering a cat, do you agree to keep it indoors at all times? Yes No

When fostering a dog, will it be kept indoors at all times? Yes No

When fostering a dog, will it be kept inside and taken out for walks on a leash? Yes No

Do you have a fenced yard? Yes No

Are you able to bathe, groom, and medicate a foster animal if necessary? Yes No

Will you allow a Lake Humane Society representative to visit the foster animal while it is in your home? Yes No

If a foster animal becomes ill, do you agree to contact the Lake Humane Society immediately?
Yes No

GENERAL HOUSEHOLD INFORMATION

How many adults reside in the household? _____

How many children are under 8 years old? _____

Is any member of your family allergic to animals? Yes No

Please list the types of pets that you currently have in your home:

Species	Breed	Age	Sex	Spayed	Neutered

VETERINARIAN INFORMATION

Name _____

Address _____

City _____ Phone _____

Location of nearest Animal Emergency Clinic _____