



FOSTER HOME PROFILE APPLICATION

Thank you for your interest in our foster program. Please answer all of the questions and send this form back to us. You will be contacted by our Rescue Foster Home Coordinator who will ensure you understand our procedures, and will place you on our Foster List upon approval. He/she will contact you when we have an animal which we feel may fit into your home. After receiving a description of an animal, it is your choice to accept the animal for foster care or not.

Name: _____ **Phone #:** _____ **Email:** _____

1. Why do you want to foster?

2. What animals do you wish to care for? (please check appropriate boxes & cross off any that don't apply)

- | | |
|--|---|
| <input type="checkbox"/> Puppies/ large dogs/ small dogs | <input type="checkbox"/> Exotics (birds, reptiles, rodents) |
| <input type="checkbox"/> Kittens/ Cats | <input type="checkbox"/> Litters |
| <input type="checkbox"/> Special needs | <input type="checkbox"/> Senior pets |

3. What type of home do you live in? (eg. apt, condo, house, acreage, etc.) Note: if you rent, we MUST receive a permission letter from your landlord before we can place any animals with you.

4. Is your home in an Urban (i.e. town) or Rural (country) area? _____
If Urban, do you have a fenced yard? Yes No

5. Can you transport your foster animal? (eg. to the vet if required, to our adoption days, etc.)
Yes No

6. How many adults live in your home & are they all in agreement with fostering? _____

7. Do any of the adults in your home have experience fostering? _____

8. Are all of the adults in your home away during the day? Yes No
If yes, how many hours/ day will the animal be alone? _____

9. Do you have other animals in your home? Yes No
If yes, please describe number, species, sex (fixed or not), ages & any behavioural issues:

10. Do all of your animals have up-to-date vaccinations? Yes No

(Please attach copy of applicable vaccine records to your application)

NOTE: if your animals are not vaccinated, you may be increasing the risk of them contracting illness or disease from contact with foster animals.

11. Do you have children living in or frequently visiting your home? Yes No

If yes, what are their ages: _____

12. Does anyone in your home suffer from animal allergies? Yes No

13. What supplies do you need to care for the animal(s):

14. Briefly describe your experience with animals: _____

15. Are you willing to foster an animal "long term"? (i.e. one month or more) Yes No

Office Use Only:

LLBRHS Board Review Date: _____ Approved: Yes No

Notes:

