



Lee County Humane Society

Foster Home Application

Name: _____

Date: _____

Address: _____

Complex: _____

Landlord: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Please indicate which is the best means of contact

Before 6PM _____

After 6PM _____

Occupation / Employer: _____ Part-time Full-time

Are you at least 19 years of age? Yes No

Indicate which of the following best describes your home

Apartment Mobile Home Condo Townhouse House Other

Rent Own Parents or Roommate's Parents Own Other _____

Do you have any animals currently living in your household (include roommates' pets)? Yes No

If so, what type and how many?

Dog _____ Cat _____ Ferret _____ Other _____

Are all animals living in the household up to date on **all** vaccinations? Yes No

Are all animals living in the household spayed/neutered? Yes No

If not, what sex is the animal(s)? Male Female

Who is your primary veterinarian? _____

Have you ever provided foster care for animals before? Yes No

If so, tell us about your experience. Please include what organization, type of animal(s), duration, and any other comments you might have regarding your experience.

Do all members of the household agree to your fostering animals for the LCHS? Yes No
If no, please explain.

List any foster limitations that you would like for us to know about (size, breed, sex, temperament, etc.)

Indicate which type of animals are you interested in fostering

Mother with nursing young	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other
Self-feeding young	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other
Sick or Injured animals	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other
Behavior modification	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other
Rescue Pending	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other
Adult animals	<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other

Indicate what size animal you are willing to foster

Small (under 25 lbs) Medium (25 – 45 lbs) Large (over 45 lbs)

Indicate what amount of time you are able to foster

Under 2 weeks 2-3 weeks 3-4 weeks over 5 weeks Other _____

Are you willing to assume any costs in caring for the animal? Yes No

Are you willing to return fosters to the LCHS for periodic checkups and vaccinations during regular business hours (8AM – 5PM)? Yes No

Will you be able to house the foster animals separate from your own animals? Yes No

If so, where in your house? _____

Briefly describe the environment in which the foster will be staying.

I hereby acknowledge that I am an independent contractor and not an agent of the Lee County Humane Society. The Lee County Humane Society assumes no liability for damages caused by the animal(s) while in the custody of the foster parent. I acknowledge that the animal(s) remain the property of the Lee County Humane Society while in the custody of the foster parent. The Lee County Humane Society is not responsible for determining the temperament of this animal(s). I also acknowledge that all adoptions must be completed through the Lee County Humane Society and normal adoption procedures must be followed.

Signature: _____

Date: _____

