

## FOSTER CARE APPLICATION

Please return complete form to: Longmont Humane Society  
Attn: Foster Program  
9595 Nelson Road  
Longmont, Colorado 80501



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### Please tell us about your property:

1. You **Rent** / **Own** your property.
2. a. Landlord's name and phone number (if you rent): \_\_\_\_\_  
b. Does your landlord allow pets? **Yes** / **No**

### Please tell us about your pets and preferences

3. Do you have any house pets now? **Yes** / **No**
  - a. Please describe type / age / sex
    - i. Pet \_\_\_\_\_
    - ii. Pet \_\_\_\_\_
    - iii. Pet \_\_\_\_\_
    - iv. Pet \_\_\_\_\_
  - b. Are all of your house pets spayed / neutered? **Yes** / **No**
  - c. Are all of your pets currently vaccinated? **Yes** / **No**
  - d. Have your cats been tested for Feline Leukemia? **Yes** / **No**

4. What type of type foster animal do you prefer? \_\_\_\_\_  
(Example: kitten(s); puppy(s); dog; cat; small mammal; bird) \_\_\_\_\_

a. Are you willing to foster an injured or sick animal? **Yes / No**

b. Are you willing to administer medications as needed? **Yes / No**

c. Do you have any training in dog obedience? **Yes / No**

5. Is your yard fenced? **Yes / No**

a. If so, what kind? **4 ft chain link / 5 ft chain link / privacy fencing**

6. Do you have a means to confine the animal if needed (a crate, run, baby gate, etc.)? **Yes / No**

7. Who is your veterinarian? \_\_\_\_\_

8. Where will the foster animal be kept during the day? \_\_\_\_\_  
During the night? \_\_\_\_\_

9. How many hours per day will the foster animal be left alone? \_\_\_\_\_

10. For what length of time can you foster an animal? \_\_\_\_\_

**Please tell us about your family**

1. Does everyone in the house agree with your decision to foster care for pets? **Yes / No**

2. Do you have any children? **Yes / No**

If Yes, age(s) / gender(s) \_\_\_\_\_

3. Does anyone in your home have known allergies to pet hair? **Yes / No**

4. Do you have any special training or abilities that might be useful in our foster program?