## **FOSTER CARE APPLICATION**

Please return complete form to: Longmont Humane Society

d. Have your cats been tested for Feline Leukemia? Yes / No

Attn: Foster Program 9595 Nelson Road

Longmont, Colorado 80501 foster@longmonthumane.org



Date:							
Last Name:		First Name:					
Address:							
City:	State	e: Zip:					
Email:							
Home :	Work:	Cell:					
How did you	hear about the foster program?						
Please tell u	s about your property:						
1. Type of re	esidence: Home Apartment	Condo Mobile Home					
Do yo	ou Rent / Own your property?						
2. a. Landlo	2. a. Landlord's name and phone number (if you rent):						
b. Does	your landlord allow pets? Yes / No						
3. Is your yard fenced? Yes / No							
a. If so,	what kind? 4 ft / 5 ft / 6 ft wood	d / chain link / privacy fencing					
Please tell u	s about your pets and preferences						
Do you have any house pets now? Yes / No     a. Please describe species / breed / age / sex							
i. Pe	et						
ii. Pe	et						
iii. Pe	et						
iv. Pe	et						
b. Are all of your house pets spayed / neutered? Yes / No							
c. Are all of your pets currently vaccinated? Yes / No							
For wh	at?						

2.	. In which foster opportunities are you interested? Please check all that apply.						
		Mother Cat with Nursing Young Mom will need to be kept with her kittens until they are weaned at 4-6 weeks of age.		Underage Kittens Weaned kittens from 5-8 weeks of age that may need around 2-4 weeks of care.			
		Slurry Baby Kittens Kittens from 3-5 weeks of age who are somewhat eating on their own. Will require multiple feedings and up to 5-6 weeks of care		Bottle Baby Kittens Kittens from 0-4 weeks of age without a mother who need to be bottle fed. Often requires round the clock care until they are weaned.			
		Mother Dog with Nursing Young Mom will need to be kept with her puppies until they are weaned at 4-6 weeks of age.		Underage Puppies Puppies under 8 weeks of age that may need 2-4 weeks of care.			
		In-Home Dog Training Adult dogs who may need some work with specific behaviors. Full support from our Training Team is provided.		Injured and/or Sick Animals  Dogs and/or Cats recovering from surgery in need of rehabilitation. Can be anywhere from a 2 week to 2+ month commitment.			
		Under-Socialized Cats/Kittens Helping scared/semi-feral cats/kittens become companion animals. Will require a lot of patience and work with handling.		Small Mammals/Birds Rabbits, Guinea Pigs, Rats, Birds, etc who may need some time away from the shelter, behavioral help, or are too young to be adopted			
3.	. Do you have any prior experience with the type of foster you are willing to provide? Yes / No						
	Please	note, no experience is required, and we are happy to tra	ain you in all areas	d .			
4.	Do you have any additional training or special skills that would benefit the foster program?						
5.	5. Describe the area(s) where your foster animal(s) will be housed:						
6.	Are you able to keep your foster(s) separate from your own animals?						
7.	•	Are you willing to administer medications should your foster(s) require them? Yes / No					
	-	o you work full time? Part time? At home during the day?					
		low many hours per day will the foster animal(s) be left alone?  For what length of time can you foster an animal?					
		·					
		l us about your family		5 - 1 5 1 - 0 - M / N -			
1. 2.	Does everyone in the household agree with your decision to do foster care for pets? <b>Yes / No</b> Please list all members of your household including ages and genders:						
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3.	B. Does anyone in your home have known allergies to pet hair? Yes / No						
THE FOSTER PARENT UNDERSTANDS AND AGREES TO ADHERE TO ALL RELEVANT ZONING AND ANIMAL CONTROL CODES AND ORDINANCES, WHETHER LOCAL, COUNTY, OR STATE.							
Foster Parent Signature:			Date:				