

## FOSTER CARE APPLICATION

Please return complete form to: Longmont Humane Society  
Attn: Foster Program  
9595 Nelson Road  
Longmont, Colorado 80501  
[foster@longmonthumane.org](mailto:foster@longmonthumane.org)



Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home : \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you hear about the foster program? \_\_\_\_\_

**Please tell us about your property:**

Type of residence: **Home** **Apartment** **Condo** **Mobile Home**

1. Do you **Rent / Own** your property? Circle One
2. Landlord's name and phone number (if you rent): \_\_\_\_\_  
Does your landlord allow pets? **Yes / No**
3. Do you have Home or Rental Insurance? **Yes / No** Carrier: \_\_\_\_\_
4. Is your yard fenced? **Yes / No** Type? **4 ft / 5 ft / 6 ft wood / chain link / privacy fencing**

**Please tell us about your pets and preferences**

1. Do you have any house pets now? **Yes / No**
  - a. Please describe species / breed / 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**  
For what? \_\_\_\_\_
  - d. Have your cats been tested for Feline Leukemia? **Yes / No**

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.*

**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*

**Mother Dog with Nursing Young**

*Mom will need to be kept with her puppies until they are weaned at 4-6 weeks of age.*

**In-Home Dog Training**

*Adult dogs who may need some work with specific behaviors. Full support from our Training Team is provided.*

**Under-Socialized Cats/Kittens**

*Helping scared/semi-feral cats/kittens become companion animals. Will require a lot of patience and work with handling.*

**Underage Kittens**

*Weaned kittens from 5-8 weeks of age that may need around 2-4 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.*

**Underage Puppies**

*Puppies under 8 weeks of age that may need 2-4 weeks of care.*

**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.*

**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 train you in all areas!*

4. Do you have any additional training or special skills that would benefit the foster program?

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5. Describe the area(s) where your foster animal(s) will be housed:

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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**

8. Do you work full time? \_\_\_\_\_ Part time? \_\_\_\_\_ At home during the day? \_\_\_\_\_

9. How many hours per day will the foster animal(s) 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 household agree with your decision to do foster care for pets? **Yes / No**

2. Please list all members of your household including ages and genders:

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3. 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: \_\_\_\_\_