



FOSTER CARE APPLICATION

We appreciate the invaluable service that foster parents provide. We want to make the most informed decision regarding which animals to place in your care. Completing this application is the best way to ensure a positive experience for both you and the animals.

Name _____ Physical Address _____

City, State, Zip _____ Mailing address (if different) _____

Phone _____ Alternate Phone _____ Work Phone _____

What kind of animals are you interested in fostering? _____

Have you fostered animals before? _____ If yes, what agency? _____

Do you own your home? _____ If renting, are you allowed pets? _____ How would you describe the size of your yard? Small Medium Large

Is your yard fully fenced? _____ Type of fencing _____ What is the height of your fence? _____

Where will the animal be kept during the day? _____ At night? _____

If kept outside, what kind of shelter do you have to protect the foster animal from heat/cold/rain/sun/wind? _____

Who will be the primary care taker of this foster animal? _____ How many hours per day will the foster be without adult care? _____

Would you be agreeable to having your property checked prior to taking animals into your home? _____

FAMILY

Is everyone in your household comfortable with the idea of providing foster care? _____

List all the adults in your household

List all the children in your household & their ages

Do your children have any experience with animals? _____ What kind of contact will they have with a foster animal? _____

Do any members of your household have allergies to animals? _____

PET OWNING EXPERIENCE

What kind of animals have you owned in the past and for how long? _____

Do you currently have pets of your own? _____ If yes, please list:

Name	Breed	Age	Sex	Spayed/Neutered	List Current Vaccinations

Are your pets tolerant of other animals? _____ Explain: _____

Do you have a separate area or room in your house where you can contain an animal while it is in foster care? _____

Do you have any experience with house training, obedience training, grooming, medicating, etc, and if so, describe: _____

GENERAL

Can you provide transportation for the animal to go to an adoption event? _____

Are you willing to actively promote your foster animal for adoption, providing updates and photos as needed? _____

Do you understand that anyone interested in adopting your foster animal, including yourself, must go through the standard adoption process? _____

Have you ever been charged with a city or state law violation in relation to animals, and if so, what? _____

Have you ever been convicted of Inhumane Treatment or Cruelty to Animals or a related charge? _____

REFERENCES

Your veterinarian: _____ Your landlord, if applicable: _____

Have you ever volunteered with an animal shelter or rescue group, and if so, which one? _____

Provide names, addresses & phone numbers for two friends or neighbors who know you in relation to your experience with animal:

By signing below, I acknowledge that the information I provided to the City of Lufkin Animal Control in this application is true and correct to the best of my knowledge.

Date: _____ Printed Name: _____ Signature: _____

Shelter Use Only:

Received by: _____ Date: _____

Approved by: _____ Date: _____

Home inspection completed by: _____ Date: _____