



For Office Use	
Dates Contacted:	_____
Result:	_____
<input type="checkbox"/>	Information added to spreadsheet
<input type="checkbox"/>	Email added to email list

Today's Date _____

Foster Contact Info *Required Information. Print cleanly and clearly

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Messages can be sent via text

Email: _____

Birth Date: ____/____/____ You must be 18 to be a foster for the LCAS. Families may foster with children, but the guardians must fill out this form.

Employer: _____

Work Phone: _____ Are you able to be contacted at work? _____

Foster Profile Please fill out so we can match you to the best foster animals!

1. What is your work schedule like? (hours away from household)

Available Start Date _____ End Date _____ Vacations _____

2. Do you live in a ___ SINGLE FAMILY HOUSE ___ APARTMENT ___ MOBILE HOME ___ TOWNHOME/CONDO

3. Do you ___ OWN ___ RENT

4. If you rent, Landlord Name & Phone _____

5. Please put an **X** (check) next to the animals you interested in fostering:

- Singlet(s)
- Mama Cats with Newborn Kittens Max # of kittens @ once? _____
- Pregnant Cats
- Extra Care/Special Need Kittens
- Extra Care/Special Need Adult Cats
- Feral Socialization

6. Do you currently have pets? _____ Yes _____ No

If yes, are they spayed or neutered? _____ Yes _____ No

If yes, are their vaccinations current? _____ Yes _____ No If no, why? _____

If yes, must provide proof of vaccinations.

7. Please list your pets, if applicable:

8. Your current veterinarian contact information, if applicable? _____

9. Do you have children in the home or who visit often? ___ Yes ___ No If yes, what ages? _____

10. Please describe the area you will be housing the foster animals in. We suggest an enclosed, separate indoor area if possible.

11. Do you have any specific skills, volunteer experience, or training pertaining to the care of pets?

12. Are you a LCAS volunteer? ___ Yes ___ No

13. Have you been a foster/volunteer at any other humane organization? ___ Yes ___ No

If yes, which humane organization? _____

14. Have you or anyone in your household ever been convicted of a crime? ___ Yes ___ No If yes, please explain

15. Have you ever been, or are you currently, involved with the breeding of animals? Please explain your feelings on the breeding.

16. Since we are an open admission shelter, do you understand that under certain circumstances, we may have to euthanize pets? Please explain your feelings about euthanasia.

17. Please tell us about yourself and why you would like to become a foster for LCAS.

LCAS Foster Terms and Conditions

**Please initial each statement. This page must be completed.*

- I understand that the animal(s) will at all times remain the sole property of Lewis Clark Animal Shelter (LCAS).
- I understand that the animal(s) must be available for weight & wellness checks by Lewis Clark Animal Shelter.
- I agree to provide the animal(s) good loving care, including at a minimum: adequate feed, adequate water, adequate shelter that is properly cleaned, adequate space in the primary enclosure for the particular type of animal depending upon its age, size, species and weight, adequate exercise and follow LCAS regulations on transportation and veterinary care when needed to prevent suffering and disease transmission.
- I understand that medicines and other supplies provided by Lewis Clark Animal Shelter are for use with foster care animals only, and are not to be administered to animals that are not the property of LCAS.
- I agree to foster animal(s) for LCAS exclusively. I shall not enter into any foster agreements with other organizations or private individuals.
- I understand that, for the health and safety of the foster animal(s), that I will foster only one animal or litter at a time. After said animal(s) have been returned to LCAS and the room has been properly sanitized that I may then foster another animal or litter.
- I understand that LCAS provides veterinary care for all foster animals. I agree to personally incur the cost for any treatment that has not been authorized by LCAS.
- I understand and acknowledge that I do not have any right or authority to keep, adopt, transfer, or place foster animals in other homes or with other individuals.
- I understand that every animal I provide foster care for must be physically returned to LCAS by the date agreed upon in the foster animal contract or at any time upon the request of LCAS. I also agree to return the animal(s) immediately if I am no longer able to provide adequate care.
- I agree to hold LCAS harmless from any direct or consequential damages arising out of the foster care arrangement.
- I acknowledge that LCAS may terminate this or any other foster care arrangement at any time in its sole discretion.
- I certify that no person residing in the household where the animals will be fostered has ever been charged with or convicted of animal cruelty, neglect or abandonment.

I certify that the above information is correct to the best of my knowledge. I also agree to follow all the rules, regulations and policies of Lewis Clark Animal Shelter. NO person residing in the household has ever been convicted of animal cruelty, neglect or abandonment.

Foster Signature: _____ Date _____

LCAS Representative: _____ Date _____

The Lewis Clark Animal Society reserves the right to decline any application for any reason. This may include, but is not limited to any area where there is a conflict of interest or incomplete application.