



Animal Foster Application

GENERAL INFORMATION

FIRST NAME

LAST NAME

ADDRESS (at this time, all prospective fosters must live in Gregg County)

MOBILE PHONE NUMBER

SECONDARY PHONE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT NAME (FIRST & LAST)

What is the best time to reach you?

☐ MORNING

☐ AFTERNOON

☐ EVENING

EMERGENCY CONTACT PHONE NUMBER

HOUSEHOLD INFORMATION

Please describe your residence: ☐ HOUSE ☐ APARTMENT ☐ OTHER: _____

Do you rent or own? ☐ RENT ☐ OWN

If RENT, do you have landlord approval to foster? ☐ YES ☐ NO ☐ OTHER: _____

Select what option best describes your yard:

☐ 6' PRIVACY FENCE

☐ 6' CHAIN LINK FENCE

☐ 4' CHAIN LINK FENCE

☐ NO FENCING

☐ NO YARD - APARTMENT

Do other adults live in your home? ☐ YES ☐ NO

If YES, list ages and relationships to you.

Do any children live in your home? ☐ YES ☐ NO

If YES, list how many and their ages.



Animal Foster Application

HOUSEHOLD INFORMATION (CONT'D)

Does anyone in your home have any pet allergies? ☐ YES ☐ NO ☐ OTHER: _____

Do you have **dogs** in your home? ☐ YES ☐ NO

.....If YES: Are they up to date on vaccines, including Bordetella? ☐ YES ☐ NO

Are they spayed/neutered? ☐ YES ☐ NO

List breeds/ages/genders: _____

Do you have **cats** in your home? ☐ YES ☐ NO

.....If YES: Are they up to date on vaccines? ☐ YES ☐ NO

Are they spayed/neutered? ☐ YES ☐ NO

List ages and genders: _____

List **any other pets** you have: _____

Have any animals in your home ever been diagnosed with a serious contagious disease

such as parvovirus? ☐ YES ☐ NO ☐ OTHER: _____

List your current veterinary provider: _____



Animal Foster Application

FOSTERING INFORMATION

Why are you interested in fostering? _____

Describe any prior fostering experience you have: _____

Do you currently have foster dogs? If so, what organization do you foster for?

How long will your foster be left alone?

What can you provide for your foster in terms of caregiving and enrichment?

Are you willing and able to administer medication? ☐ YES ☐ NO ☐ OTHER: _____

Dog foster interest (check all that apply):

- ☐ Short-term dogs (up to 2 weeks)
- ☐ Medical care dogs (up to 2 months depending on needed care)
- ☐ Nursing mom and puppies (until puppies are 8 weeks old)
- ☐ Bottle baby puppies (until puppies are at least 8 weeks old)
- ☐ Young puppies (up to 4 weeks)
- ☐ Senior dogs (until placement can be found)
- ☐ None ☐ Other: _____



Animal Foster Application

FOSTERING INFORMATION (CONT'D)

Cat foster interest (check all that apply):

- ☐ Short-term cats (up to 2 weeks)
- ☐ Medical care cats (up to 2 months depending on needed care)
- ☐ Nursing mom and kittens (until kittens are 8 weeks old)
- ☐ Bottle baby kittens (until kittens are at least 8 weeks old)
- ☐ Young kittens (up to 4 weeks)
- ☐ Senior cats (until placement can be found)
- ☐ None ☐ Other: _____

After review of this application you will be contacted by a LACAC staff member to attend a volunteer orientation. There you will learn more about LACAC and our operations. Are you able and willing to attend an orientation?

☐ YES ☐ NO ☐ OTHER: _____

Please list any questions or concerns you have:

SIGNATURE AND DATE

APPLICANT SIGNATURE

SIGNATURE DATE