



# DEPARTMENT OF ANIMAL SERVICES

## Foster Care Application

Thank you for your interest in our Foster Care Program! Please answer the questions below. All fields are required.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Do you:  Own  Rent  Live with Family  Other  
 House  Apartment  Condo  Mobile Home  Duplex

Landlord/Management Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Are there children under 10 that live in the home or visit frequently? \_\_\_\_\_ If so, what ages? \_\_\_\_\_

Is anyone in the household allergic to pets? \_\_\_\_\_

**Please list all of the companion animals you have had in the last 5 years, including the ones that are still with you.**

Please check here if you have more than these grids can accommodate

Name	Type/Breed	Age	Neutered /Spayed	Current on Vaccinations?	Where is this pet kept?	When were they last seen by your veterinarian?	Why is this animal no longer with you? (If applicable)

Please check any of the following that you're interested in learning more about:

- |  |   |
|--|---|
| <input type="checkbox"/> Introducing your foster to other pets     | <input type="checkbox"/> Caring for infant kittens and/or puppies |
| <input type="checkbox"/> Fostering pets with challenging behaviors | <input type="checkbox"/> Caring for pets with medical issues      |
|  | <input type="checkbox"/> Other: _____                             |

## Foster Care Opportunities and Preferences

What are you interested in fostering?

<b>Dog Foster Care</b> (please select <u>at least</u> one option)	
<b>Short-term</b> (awaiting rescue transport, recovering from surgery, etc. Usually 2 weeks-1 month)	
<b>Field Trip, Overnights, and Weekends</b> (Field trips consist of a day outing. Overnights are 1-2 night sleepovers, weekends are weekend overnights)	
<b>Long-term</b> (dogs who do not do well in a shelter or for other reasons; often indefinite, until the dog can be adopted from your home)	
<b>Behavioral issues</b> (dogs not suitable for “average” adopters who may need some help with obedience training or other behavioral issues. Can be indefinite, but at least until they are rehabilitated)	
<b>Medical issues</b> (may be short-term or long-term, but fosters need to be okay with administering treatments, trips to our vet, etc.)	
<b>Pregnant or nursing mothers with puppies</b> (usually a 1-3 month commitment)	
<b>Weaned puppies not big enough for adoption</b> (usually a 2 week-2 month commitment)	
<b>Unweaned (bottle-fed) puppies without a mother</b> (usually a 1-3 month commitment)	

<b>Cat Foster Care</b> (please select <u>at least</u> one option)	
<b>Short-term</b> (awaiting rescue transport, recovering from surgery, etc. Usually 2 weeks- 1 month)	
<b>Long-term</b> (for cats who do not do well in a shelter or for other reasons. Often indefinite, until the cat can be adopted out from your home)	
<b>Behavioral issues</b> (cats not suitable for “average” adopters who may need some help with socialization or other behavioral issues, can be indefinite, but at least until they are rehabilitated)	
<b>Medical issues</b> (may be short- or long-term, but fosters need to be okay with daily treatments, trips to our vet, etc.)	
<b>Pregnant or nursing mothers with kittens</b> (usually a 1-3 month commitment)	
<b>Weaned kittens not big enough for adoption</b> (usually a 1-3 month commitment)	
<b>Unweaned (bottle-fed) kittens without a mother</b> (usually a 1-3 month commitment)	

**My foster pet needs to be good with:**      Dogs              Cats              Birds              Other Animals  
 (circle all that apply)              Kids under 8              Kids over 8              Seniors              Other: \_\_\_\_\_

**Would you be interested in fostering other species (rabbits, livestock, birds, reptiles, etc.)? If so, what other species can you accommodate?**

## General Questions

Circle the option on each line that you feel best suits you and your home:

<b>I consider my home to be most like:</b>	A library (calm and quiet)	Middle of the road (sometimes quiet, sometimes a lot going on)	Grand Central Station (We have lots of people coming and going and a lot going on most of the time)
<b>The majority of the time, my foster pet will be kept:</b>	In the garage  In a crate in the house	Loose in the house	In the yard  Confined to one room
<b>I can isolate my foster pet:</b>	Completely	Partially	
<b>My foster pet will live mostly:</b>	Inside	Outside	
<b>My foster pet needs to be able to be alone for:</b>	Less than 4 hours a day	4-8 hours a day	More than 8 hours a day
<b>My daily schedule is: (circle all that apply)</b>	Full- or part-time job	In school  Flexible commitments	Work from home  Very busy/tight schedule
<b>I have experience caring for animals who:</b>	Are injured	Have behavioral issues  Have illnesses	Are infants
<b>How comfortable are you in providing basic health care (oral and topical medications, bathing, flea/tick treatment, etc.)</b>	Very comfortable	Not Comfortable	I'd love some training in this.

**Have you had any pet-related diseases in your household in the last 2 years? Circle all that apply.**

Parvo    Distemper    Ringworm    Feline Leukemia (FeLV)    Feline Immunodeficiency Virus (FIV)

Other: \_\_\_\_\_

**Why do you want to become a foster for LMAS?**

**Have you fostered for another organization in the past? Do you currently foster for them? Do you plan to foster for any other organizations while you have LMAS foster animals? Please provide a contract for the organization(s) as a reference.**

I have read the above stated application carefully and certify that the information I have given is accurate and true. I understand that any misrepresentation of the above information authorizes LMAS to deny application and/or reclaim the foster pet that is in my home.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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