



**LAKE COUNTY**  
FLORIDA

**Animal Shelter**

**Foster Program Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ or \_\_\_\_\_

E-mail Address \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**How many pets do you currently have? (please list name, age, breed for each):**  
\_\_\_\_\_

**Do you currently have any foster pets? Y \_\_\_ N \_\_\_**

If yes, how many and for which group are you fostering for? \_\_\_\_\_

**Are there any children in your household? Y \_\_\_ N \_\_\_**

If yes, what are their ages? \_\_\_\_\_

**Are the pets within your home current on all vaccinations? Y \_\_\_ N \_\_\_**

**Please explain any restrictions on your ability to foster (time limit, dog breeds, etc.)**  
\_\_\_\_\_

**How many hours a day would your foster pet (s) be alone?**

Less than 2 hours \_\_\_ 2-3 hours \_\_\_ 4-8 hours \_\_\_ 9+ hours \_\_\_

**Describe the noise activity in your home (mark 'X' for all that apply):**

Quiet \_\_\_ Mid-level \_\_\_ Active/Loud \_\_\_

**Describe the physical activity in your home (mark 'X' for all that apply):**

Low activity \_\_\_ Moderate \_\_\_ Active/athletic \_\_\_

Do you have the ability to keep your personal pets and your foster animals separate for a quarantine period? Y \_\_\_ N \_\_\_

What type of shelter pets are you interested in fostering? (mark 'X' for all that apply):

<input type="checkbox"/> Shelter Break Sleepover	<input type="checkbox"/> Puppies 0-4 weeks old*
<input type="checkbox"/> Dog Day Out	<input type="checkbox"/> Puppies 4-8 weeks old
<input type="checkbox"/> Kittens 0-4 weeks old *	<input type="checkbox"/> Pregnant dog
<input type="checkbox"/> Kittens 4-8 weeks old	<input type="checkbox"/> Dog with puppies
<input type="checkbox"/> Pregnant Cat	<input type="checkbox"/> Dog/puppy medical
<input type="checkbox"/> Cat with kittens	<input type="checkbox"/> Adoptable dog/puppies
<input type="checkbox"/> Cat/ kitten medical	<input type="checkbox"/> Behavior/Dog
<input type="checkbox"/> Adoptable Cat/kittens	<input type="checkbox"/> 24 hour emergency**
<input type="checkbox"/> Behavior/Cat	<input type="checkbox"/> Other

\*Young orphans who require bottle feeding and round-the-clock- care.

\*\* After hour emergency situations. Open to being contacted at any time.

**Thank You for you helping us save pet lives at Lake County Animal Shelter!**

The answers you've given will help us to pair you with the perfect pet foster.

I hereby acknowledge with my signature that I agree and understand that the Lake County Animal Shelter has the right to refuse my application for my falsification on information or lack thereof.

I also agree that the Lake County Animal Shelter has the right to reclaim any animals that I have in my possession for fostering purposes at any given time.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

Official Use Only:

Approved \_\_\_ or Rejected \_\_\_ by: \_\_\_\_\_ Date: \_\_\_\_\_