



## Foster Home Application Humane Society of Logan County

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

Address: \_\_\_\_\_ City: \_\_\_\_\_, IL \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I wish to foster: Cats: \_\_\_\_\_ Dogs: \_\_\_\_\_ Both: \_\_\_\_\_

Do you have any preferences (size, sex, etc...) for the pets you wish to foster?

Are you willing to care for a foster that is ill or needs medication?

How many fosters are you willing to care for at one time?

Who will be responsible for the day-to-day care of the foster animal?

Circle time away from home.      Home all day      Out part-time      away 7-10 hours  
daily

Where will the foster animal be kept at night?

Are you willing to work on behavioral training with this pet? (i.e. crate training, housebreaking, obedience, leash training, etc.)

Number of people living in your home, listing children's ages:

Do you (circle one) own or rent? If rent, attach a written statement of landlord's approval.

List all personal pets you currently have.

Breed	Age	Sex	Spay/ neutered	Current on Vaccines	Dominant or Submissive
1					
2					
3					

Is your yard fenced? NO YES If yes, Chain link: \_\_\_ Wire:\_\_\_ Wood:\_\_\_ Electric:\_\_\_

Have you ever attended obedience classes? (circle one) YES NO

Name of your veterinarian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Why are you interested in fostering for HSLC?**

Return completed form to: Humane Society of Logan County  
Attn: Foster Homes  
P. O. Box 404  
Lincoln, IL 62656

I agree to hold HSLC harmless from any direct or consequential damages arising out of becoming a foster home and agree to abide by the following terms.

**I UNDERSTAND AND AGREE THAT:**

- ❖ HSLC is the owner of the animal (s) during foster care.
- ❖ The animal (s) will be returned to HSLC upon request, or at the end of the foster agreement.
- ❖ The animal (s) will receive appropriate and loving indoor care.
- ❖ The animal (s) in my care cannot be given away, sold or relocated and are only available for adoption through the HSLC normal adoption procedures.

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

------(Office Use)-----

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

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