



Foster Care Application

Lucy Mackenzie Humane Society
 4832 Route 44, West Windsor VT
 802-484-5829 • www.lucymac.org

Applicant(s): _____ DOB: _____

Address (physical): _____

Address (mailing): _____

Home Phone: _____ Mobile/Other Phone: _____

Email Address: _____

Please list the names of any and all adults (18+) in the household in relationship to applicant:

Please list the names and ages of all individuals under 18 in the household:

Select type of residence:

- Single Family House
 Apartment
 Dormitory
 Condo
 Mobile Home
 Other (*please describe*): _____

Do you own or rent your home?
 Own
 Rent

If renting, please provide your landlord's name and contact information: _____

I am interested in providing foster care for:	Dogs	Cats	Other
<i>Mother with nursing litter</i>			
<i>Newborns requiring bottle feeding</i>			
<i>Under 8wks/young, self-feeding</i>			
<i>Injured or sick</i>			
<i>Adult</i>			
<i>More than one adult</i>			
<i>Needs socialization/training</i>			
<i>Behavioral issues</i>			

Please list the pets that you currently own:

Name	Species/breed	Age	Sex	Spayed/ neutered?	Can you provide proof that vaccinations are up-to-date?

Have you ever fostered (or are currently fostering) an animal for any other organization?

Yes No

If yes, please write in the organization's name, type of animals cared for, nature of the care and dates of foster care provided: _____

Please describe where your foster animals will be housed within your home: _____

Where will the animal(s) be kept when you are not home/at night? _____

When you are away from home, how many hours will the animal(s) be left alone? _____

Do you have a fenced-in yard? Yes No Fence Type: _____ Height: _____

Why do you think you'd be a good foster home? _____

Please provide two references (one veterinarian, one non-family member):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Are you currently, or have you previously been involved with Lucy Mackenzie Humane Society?

Yes No

(if yes, please select) Volunteer Adopter Former Employee Other: _____

Currently or Previously (please provide dates): _____

A home check is required prior to foster placement. Please list days and times you are most available:

As part of our CARE Program, Lucy Mackenzie Humane Society helps facilitate emergency foster services for companion animals within our community when their owners are faced with extenuating circumstances. Would you be willing to be part of the CARE foster network? Yes No

I certify that the information I have given is true. I authorize Lucy Mackenzie Humane Society (LMHS) to contact veterinarians and landlords to investigate all statements in this application, and to perform initial and follow-up property checks at the discretion of LMHS management.

Signature: _____ Date: _____

Print Name: _____

******* LMHS OFFICE USE ONLY *******

Home Check Date: _____ LMHS Agent(s): _____

Vet Check Date: _____ Vet: _____

Landlord Verification Ok NA/owns home

Comments: _____
