

Foster Application

Date:

ADOPTION CENTER ID #	ŧ	Pet Name:	
Name	Emai	il	
Address			
Date of Birth//	City	State	Zip
Home #:	Work #:	Cell #:	
Best way to reach you: ☐ Home	□ Work	□ Cell	□ Email
Thank you for considering fostering properly maintain an animal. Responsanimal. The decision to foster is an impneed to take time to discuss the animal' carefully read and complete this appli	sible pet ownership require ortant one. In order to ins s individual needs and per	es a commitment to provide c sure that you and your foster sonality traits as well as your re no wrong answers. This is	are and companionship for the pet will be happy paired up, we s. Please take a few moments to
1) Do you currently live in a □ H	House □ Apartment	□ Condo □ Other _	
2) Do you currently □ Own □	☐ Rent ☐ Lease the	e residence where you live	e?
3) How long have you lived at you	ır current residence?		
4) If you are not the property own	er, we will verify your i	residence's current pet pol	licy:
Landlord's Name		Phone Number (_)
5) Number of adults in household:		Ages of adults: _	
6) Number of Children in househo	old:	Ages of children	:
7) Does anyone in your household	have allergies? Ye	es	
8) Who will be primarily responsi	ble for the care of this c	log?	
9) How many hours will the dog b	e alone each day?		
10) Where will the dog be kept who	en no one is home?		
11) Where will the dog be kept at n			
12) Do you have a fenced yard? □			
13) The noise/activity level in my h	ome is usually:	igh □ Medium □	Low

14) Please list all of the current pets you have in the household*

Species	Breed	Age	Sex	Spayed/Neutered	Owned how long?	What happened to him or her?
			M / F	Yes / No		
			M / F	Yes / No		
			M / F	Yes / No		
			M / F	Yes / No		
			M / F	Yes / No		

				/ F		es / No					
	have any cats or o										ı
mic	rochip, please exp	olain why	not: _								
15) Wha	t kind of experien	ce have y	ou ha	d/hav	e with	animals? (c	log tra	ining, vet tec	ch, groome	er, agility, happy	
pet o	owner, etc.)?										
	1.0	• 1			1	1 ' 11	· · ·) TC 1			
16) Have	e you ever cared f	or a sick,	ınjure	ea, or	orpnan	ied animai i	before.	ii so, expia	1n.		
—— 17) Have	e you had any sick	animals	in voi	ur hor	ne in tl	ne past? If y	es ple	ease explain			
17)1141	e you mud uny sier	· umma	ıı yo	u 1 1101		no pase. Il j	6 5, p16	ause emplain.			
18) Have	e you fostered ani	mals befo	ore? If	yes,	from w	hich group	?				
19) Do y	ou have a reliable	source o	of inco	me?	□ Yes	□ No	Exp	olain:			_
20) Do y	ou have a regular	veterinar	rian?	□ Y	es 🗆	No If yes:	Phone	number:			
Vet	or Practice Name:										
											_
21) How	often do you trav	el? Are y	ou pla	annın	g a vac	ation in the	near f	uture?			
22) Have	e you or anyone in	your ho	usehol	ld eve	er been	convicted o	of anin	nal abuse or	neglect, or	have any such	
char	ges currently pend	ling agair	ıst yoı	u? □] Yes	□ No	If v	es, explain:			
			•					, 1			_
23) Are	you willing to cov	er the co	SIS OI	carm	g for a	ioster dog e	ехсері	ior medicar	expenses (examples: 1000,	
dog	treats, grooming)	? □ yes	s 🗆	no							
24) How	did you find us?										
\square W	/ebsite □ Facel	ook 🗆] Wor	d of N	Mouth	□ Walke	d in	☐ Petfinder	r 🗆 Oth	er:	

Please pro	vide personal reference inform	ation				
Reference 1: Name	Relationship	Phone #				
Reference 2: Name Relationship Phone #						
Reference 3: Name	Phone #					
Please read these statements care	fully and write your initials on	the line if you agree to each.				
I certify that I am at least 18 years of and correct to the best of my knowledge. I may result in the loss of privilege to foster I understand that LAPS has the right	also recognize that any misreprese adopt from the Laredo Animal Programme	sentation, falsification, or omissions rotective Society.				
My application may still be approved but r	nay be better suited for another do	og.				
I understand that LAPS representati If the dog I foster is on medication, fostering the dog it requires medical attent the foster dog is the property of LAPS and	I will continue the medication as ion I will contact LAPS first unless	directed. If during the time I am ss it is an emergency. I understand				
I will not let the dog out loose by its is to ensure that all appointments and visits	<u> </u>	ast remain in the city of Laredo. This				
I agree that I will bring in the dog w LAPS. Failure to do so will result in a conf		and for any appointment made by				
The dog will receive proper food, we members, and will not be left alone for extra						
I understand the foster animal is the myself or other persons who live or visit madditionally, the dog will not be used for pasell, trade or dispose of the animal.	y home, and will be protected fro	om other animals in my care.				
The dog must be spayed/neutered be my foster dog (including myself) must go to placement of animals is up to LAPS (Of co	hrough the standard adoption pro	ocess, and approval of candidates and				
I release LAPS, its Board of Director claims and actions, whether for property damembers and other animals in my care from attributable to said animal.	amage caused by the animal or for	r personal injury to me, family				
Failure to return the dog, under any dog.	circumstances will result in a cha	arge of \$100 – this includes losing the				

I understand that all item	s issued out with m	ny foster dog must be re	eturned with my fo	ster dog.
Items issued that must be returned	ed:			
1. Collar:				
2. Leash:				
3. Harness:				
4. Blanket:				
5. Toy(s):				
6. Other:				
Items issued that need not be ret	urned:			
7. Dog food:				
8. Waste bags:				
9. Other:				
I have read and understand eac willing to care for this dog prop	• •		· ·	
	•	understand and agree to		
Signature	Prir	nted Name		Date
LAPS Representative Signature	Titl	e		Date
If ID copy cannot be made:		_		
Ty	pe of ID	DOB	ID#	