



Lizzy's Lodge, Inc.

Rescuing & Renewing Companion Animals

FOSTER CARE APPLICATION (Please print clearly)

I. Contact Information

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

II. People Who Will Have Contact with a Foster Animal:

Name(s), age(s) and relationship(s) of people living in the home: _____

Do all of the adults in the home want to foster? ____Yes ____No

Is anyone at home during the day? ____Yes ____No If yes, who _____

If everyone in the home works out of the house, what is the longest an animal might be left alone? _____

Where will the animal be kept when you are out? _____

Describe any special activities of the family that will affect the foster animal in your care: _____

III. The Environment

Do you live in a ____house ____townhouse ____condominium ____apartment ____farm

If a rental property, does the landlord permit pets? ____Yes ____No

What Kind of Pets? _____ How Many? _____

Landlord name and phone #: _____

Do you have other pets in the house? ____Yes ____No If yes, please complete the pet profile:

<u>Type</u>	<u>Breed</u>	<u>Sex/Age</u>	<u>Shots Current?</u>	<u>Spayed/Neutered?</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of these pets have special needs and how are those needs handled? _____

Do you have a crate? ____Yes ____No

Do you have an outside kennel? ____Yes ____No

Do you have a fenced yard? ____Yes ____No If yes, what kind & height? _____

Where will the animal be housed during the day?

____Inside crated ____Inside loose – describe location _____

____Outside kenneled ____Outside loose – describe location _____

____Garage ____Barn ____Other: _____

Are there parts of the house you will restrict from the animal? Describe: _____

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times? ____Yes ____No

Where will the animal sleep?

____Inside crated ____Inside loose (describe location) _____

____Outside kenneled ____Outside loose (describe location) _____

____Garage ____Barn ____Other: _____

IV. Special Needs of Foster Animals

Animals that have been abandoned, abused or dumped in a shelter are distressed, frightened and confused. Most require patience, love, a gentle hand, structure and time to heal. Please consider the following:

Do you understand that we have no medical or behavior history for most foster animals? ____Yes ____No

Do you realize that many foster dogs are not completely housetrained? ____Yes ____No

Are you able to travel to pick up a foster animal? ____Yes ____No how far (RT)? _____

Are you able to take your foster to the vet if necessary? ____Yes ____No

Are you able to take your foster to an adoption event or training sessions as needed? ____Yes ____No

Are you willing to introduce your foster to prospective adopters, at their home or at yours? ____Yes ____No

A foster's responsibility is to care for an animal in need and then send it to another home. Are you able to care for a dog and then let him/her go? ____Yes ____No

V. Your Preferences

What kind of dogs are you interested in fostering?

____Puppies (under 6 months) ____Puppies (over 6 months) ____Mother w/ newborn puppies

____Orphaned newborn puppies ____Adult Dogs ____Senior dogs

Are you willing to handle the any of the following animals, perhaps with special needs?

____Pregnant animals ____Females in Heat ____Dog-Aggressive dogs

____Intact animals (until spaying/neutering can be arranged) ____Geriatric animals

____Animals that are not housetrained ____Hyper animals ____Escape artists

____Animals considered mentally unstable by owner ____Blind or deaf animals

____Animals that need evaluating ____Animals that need behavior training

Would you be willing to care for a foster pet that is ill and/or needs medication or is disabled in some way?

Do you think your pet(s) will get along with a foster pet? Why or why not? _____

Do you feel you could foster more than one animal at a time? _____

Are there any requirements you have for a foster pet (i.e. size, temperament, age, gender, etc.?) _____

How long would you be able to foster a pet? ____ 1-3 days ____ up to a week ____ up to two weeks
____ up to one month ____ as long as needed ____ other _____

Do you have all of the supplies necessary to care for a foster dog? ____ Yes ____ No If no, what kinds of
supplies will you need Lizzy's Lodge to provide? _____

VI. Your Experience

Is this your first experience with a dog or with fostering? ____ Yes ____ No Please explain: _____

What training methods are you familiar with? _____

Please tell us anything else about yourself or your family that you feel this organization needs to know (i.e.
previous experiences, why you want to foster, other groups you have worked with, special skills or training,
personal contacts, etc.) _____

I certify that the above information is true and correct. I understand that any falsification of the above
information may be grounds for denial of this application or termination of my volunteer status. I
acknowledge that this application remains the property of Lizzy's Lodge, Inc. and I authorize them to conduct
an on-site inspection of the premises where the animal will be kept.

Signature: _____ Date: _____

Please return form to:

Lizzy's Lodge, Inc.
PO Box 3334 🐾 Silver Spring, MD 20918
Lizzyslodgerescue@gmail.com