**FOSTER**

**Just two to eight weeks can save a life**

The Lucky Spot Dog Rescue loves helping animals in need. Most animals that come to us are able to be received and placed up for adoption immediately. However, for some, this is not the case. Some animals need the extra tender loving care that only a home environment can provide. This is when foster families are needed to give these special animals a chance to become someone’s lifetime companion.

***There are a number of things you should consider and discuss with the rest of your family prior to fostering:***

**Will you have time to spend with your foster animals?** Most of the animals needing foster care will be in great need of quality time and handling; you should spend at least one to two hours a day with your foster animal. Animals recovering from illnesses, injuries or surgeries will require medication, physical therapy and/or rehabilitation. You will also need to pay attention for signs of illness or worsening of symptoms. **Imagine all the love.**

**Do you own animals?** Keep your foster animals isolated from your pet(s) for the first 10 days. We do our best to inform you of any known potential problems, but the majority of these animals come from unknown backgrounds. Keeping your foster animals in a separate room that has no carpet works best. All resident pets should be current on vaccinations. **Imagine the rewards**.

**Do you have time to clean up after your foster animals?** Young animals are usually busy doing one of four tings: eating, sleeping, playing and peeing/pooping. They are messy! You will need to keep their environment clean, which could require several cleanings a day. **Imagine all the wagging tails and kisses**.

**Will you be emotionally prepared to return the animals back to The Lucky Spot Dog Rescue after the foster period is up?** For some, this is the hardest thing to do. It’s easy to become very attached to your foster animals. Be prepared for some tears but know your effort has made this animal more suitable for adoption into a permanent home. **Imagine the memories made.**

**Think you’re ready to be a foster family?**

The Lucky Spot Dog Rescue provides our foster families with all the supplies they need, such as food, litter, beds, crates, toys, treats, etc. WE also provide all medical care for the foster pet. All we ask the foster families to provide is time and love. Anywhere from two to eight weeks can truly save a life. **Imagine all the lives you will save.**

**Take the next step and apply to be a foster family!**

Please fill out the application and a representative will contact you soon. If you have any questions or concerns, please contact [Kim@luckyspotrescue.com](mailto:Kim@luckyspotrescue.com) or call 210-875-4725.

**The Lucky Spot Dog Rescue**

**Foster Care Application**

**Foster Parent’s Information (please print)**

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| Name: |  | | | | |  | Cell Phone: | |  |
| Address: |  | | | | |  | Work Phone: | |  |
| City: |  | | State: | |  | | | Zip Code: |  |
| Date of Birth #: | |  | Email: |  | | | | | |

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| How many adults reside in your home? | | | | | | | | | |  | | | | | | | | Children: | | | | | | | | |  | | | | | Ages of children: | | | | | | | | | | | | |  | | |
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| Would anyone be home during the day? | | | | | | | | | | |  | | | Yes | | | | | |  | | | | No | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do any members of your household suffer from pet related allergies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | | |  | No | | | | | | | | |
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| What type of housing do you live in? | | | | | | |  | House | | | | | | |  | Townhouse | | | | | | | | |  | Duplex | | | | | | |  | | Apartment | | | | | |  | | Mobile Home | | | | |
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| Do you: |  | Own | |  | Rent |  | Live with parents | | | | | | | | | | | |  | | | | Other (please describe) | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Do you have a fenced in yard? | | | | | |  | Yes | |  | | | No | | | | Have you fostered an animal before? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  | No | |
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| If yes, for which organization and how long ago? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Where will the foster animal(s) be kept when no one is home? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Indoors | | | | | | |  | | Outdoors | | | | | | | | | | |
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| Please describe: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | | Where will the foster animal(s) sleep? | |  | Indoors |  | Outdoors | | Please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many hours per day will the foster be alone? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Why do you want to foster an animal? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are there any factors that might hinder your ability to foster animal that we should know about? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Pet History**

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| --- | --- | --- | --- | --- |
| Do you have any pets at home currently? |  | Yes |  | No |
| If yes, please complete the following: | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Name of Pet** | **Breed/Type** | **Age** | **Sex** | **Altered** | **Licensed** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **We will need to verify that all your animals are current on their vaccinations. Please provide your veterinarian’s name and phone number so that we may contact them:** | | | | | | | | | | |
|  |  | | |  | | | | | |  |
| Name: |  | | | Phone Number: | | | | | |  |
|  | | | |  | | | | | | |
| Are your pet’s medical records under your name? If not, please list the name under which the medical records are kept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | |  | | | | | | |
| Do your pets get along with other animals? | |  | YES | |  | | NO |  | Sometimes | |
|  | | | | | | | | | | |
| Have you had any other pets in the past five years? | | | |  | | Yes | |  | No | |
|  | | | | | | | | | | |
| If yes, please complete the following: | | | | | | | | | | |

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| --- | --- | --- |
| **Breed** | **Age** | **Reason you no longer have the pet** |
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**Foster Care Agreement**

***Please read and initial:***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \_\_\_ | I certify that my own pets are currently licensed and up to date on his/her vaccinations, including rabies. I understand that my vet records will be requested. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| \_\_\_ | I agree to keep my pets separated from the foster animals(s) for at least 14 days. If the foster animal is incubating any diseases, this separation will minimize the chance of my own pets becoming ill. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| \_\_\_ | I agree to keep the foster animal(s) indoors, unless I’m advised I may do otherwise by the Foster Care Coordinator. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| \_\_\_ | I agree to never leave the foster animal(s) unattended while chained, tied or leashed for any period of time. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| \_\_\_ | Should the animal become ill while in my care, I agree to call the Foster Care Coordinator immediately at 210-875-4725 and follow any instructions I am given for the foster animal’s further care, including bringing the animal(s) into the our vet or an emergency veterinary clinic for treatment. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| \_\_\_ | I agree to bring the foster animal(s) for their scheduled deworming and vaccination appointments | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| \_\_\_ | I fully understand that foster animal(s) are always the property of The Lucky Spot Dog Rescue. As such, I agree that any decisions made by the Foster Care Coordinator regarding their care and treatment will be followed by me, including their return. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| \_\_\_ | I agree to return the foster animal(s) as instructed. I agree to make an appointment in advance for the animals return. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| \_\_\_ | I understand that the Lucky Spot Dog Rescue is held harmless should my own pets become ill from my foster animal(s). I further agree to be responsible for and to pay for any veterinary expenses incurred for my own animal(s). | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| \_\_\_ | I understand that fostering for The Lucky Spot Dog Rescue does not offer any preference when bringing in stray and/or injured animals into the shelter, that I must still abide by the stated policies regarding intake of **any** animal to The Lucky Spot Dog Rescue. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Have you ever been convicted of a crime causing harm to a person or animal? | | | |  | | | Yes | |  | | No | | |
|  | | | | | | | | | | | | | |
| Excluding minor traffic violations, have you ever been convicted of any criminal offense? | | | | | | | |  | | Yes | |  | No |
| I agree that all of the information I have provided herein is correct as written and I authorize The Lucky Spot Dog Rescue to verify any information. I also understand that a background check may be conducted before I can foster any animals. | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | |
| Print Name | | Date | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | |
|  | |  | | |  | | | | | | | | |

Parent/Guardian Signature Date

(Required for volunteers under 18 years of age and living at home)