



**For LTBHS Staff Use Only**

Date of Foster: \_\_\_\_\_  
Animal Name: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

## **LITTLE TRAVERSE BAY HUMANE SOCIETY FOSTER POLICIES AND APPLICATION**

1. No animal will be released for foster unless approved by the Executive Director, the Shelter Operations Manager or the Adoption Committee.
2. Individuals who have had charges or complaints that have resulted in interaction with the Animal Control Officer or Courts will not be approved foster animals.
3. Approval of application is at the discretion of the adoption committee.
4. Any animals eligible for a foster home will be required to go through the Little Traverse Bay Humane Society intake process.
5. All intakes will be performed by a Veterinarian at the Little Traverse Bay Veterinary Clinic prior to being placed into a foster home.
6. Any emergencies, medical problems or concerns with an animal while in a foster home will be directed to contact the Shelter Operations Manager.
7. Any medical issues, vaccinations or medications will be administered at the discretion of a Veterinarian at the Little Traverse Bay Veterinary Clinic.
8. Small dogs less than 15 pounds will not be fostered by households with children under four years of age unless approved by the Executive Director, the Shelter Operations Manager or the Adoption Committee.
9. No animals will be fostered by outside only homes unless approved by the Executive Director or the Adoption Committee.
10. Animals will not be fostered by minors. Applicants must be 18 years of age or older.
11. A foster home will not be approved to applicants if the home is deemed unsuitable for that individual animal.
12. All animals in the home must be spayed or neutered and be current on their vaccinations.
13. All residents of the home must agree to and be informed of the intent to foster.
14. A foster application must be completed and approved by the adoption committee before an animal will be placed in the applicant's home.
15. If you decide to return a foster animal to LTBHS during the foster time period, LTBHS must be notified in advance to ensure adequate kennel space.
16. Landlords, house authorities or housing associations must approve pets on premises prior to approval of a foster home and before the animal is allowed to leave.

**LITTLE TRAVERSE BAY HUMANE SOCIETY**

1300 West Conway Road ■ Harbor Springs, MI 49740 ■ Ph: 231.347.2396 ■ Fax: 231.347.1243 ■ [www.ltbhs.com](http://www.ltbhs.com)

This application is valid for 90 days from the date signed.

17. Some animals will require home ownership and/or a fenced in yard in order for a foster home to be approved.
18. Completion of this foster application does not guarantee the first right of refusal in the event that a foster home is interested in adoption the foster animal. The Executive Director, the Shelter Operations Manager or the Adoption Committee must approve any adoption of a foster animal.
19. False information on this form will result in the foster home and application be declared null and void with the animal to be returned to LTBHS upon notification.
20. Filling out this form does not guarantee that a foster home will be approved. We reserve the right to deny any application without reason.

I/we hereby desire to foster the animal named “\_\_\_\_\_”

I/we agree to provide proper food, water, shelter and kind treatment at all times.

I/we agree to take the animal to a veterinarian with the Little Traverse Bay Veterinary Clinic for examinations and vaccinations as needed and to seek immediate veterinary care, should the animal become ill or injured.

I/we understand that LTBHS cannot guarantee the health, temperament, or training of the fostered animal(s) and hereby agree to release and hold harmless LTBHS from any and all liability for any accidents or injuries, which may arise out of my/our fostering of caring for this/these animal(s).

I/we authorize LTBHS to speak with my past and current Veterinary Clinics regarding my past and current animal(s) vaccinations, medical records and/or to obtain copies of such records.

**Foster’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

The person(s) interested in fostering an animal from LTBHS must complete this questionnaire. Please do not consider it an invasion of your privacy. This application process was created to and a shelter animal with a suitable foster home. The animal(s) you interested in fostering is/are required to live at the above residence. LTBHS will be calling your veterinarian and landlord. This is vital information that is required before the process of fostering can proceed.

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**LITTLE TRAVERSE BAY HUMANE SOCIETY  
FOSTER APPLICATION**

**Please print clearly.**

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SPOUSE FULL NAME: \_\_\_\_\_

NAME(S) OF OTHER ADULTS IN HOME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

1. Foster's Occupation? \_\_\_\_\_ Spouse Occupation? \_\_\_\_\_

2. Foster's Employer? \_\_\_\_\_ Spouse Occupation? \_\_\_\_\_

3. Please check the applicable box for your home:      Rent       Own

4. Property Owner's Name: \_\_\_\_\_

5. Property Owner's Address: \_\_\_\_\_

6. Property Owner's Phone Number: \_\_\_\_\_

7. Are there any children in the household?      Yes       No

If so, please list their ages: \_\_\_\_\_

8. Have you had a dog or cat die on your premises of a contagious or unknown disease within the past three months? Yes  No

9. Is there a yard available? Yes  No

Fenced In  Wireless or Electric

10. Do you agree to allow a LTBHS representative to visit your home and inspect the animal's living conditions? Yes  No

11. Please list your current pets:

Name: \_\_\_\_\_ Dog  Cat

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Male  Female  Fixed  Not Fixed

Name: \_\_\_\_\_ Dog  Cat

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Male  Female  Fixed  Not Fixed

12. Who is your current Veterinary Clinic? \_\_\_\_\_

13. Veterinary Clinic Phone Number: \_\_\_\_\_

14. Name two personal references:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Foster's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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