



**Loving Paws Adoption Center**  
181 Loving Paws Lane, Crocker, MO 65452  
[lovingpawsadoptioncenter@gmail.com](mailto:lovingpawsadoptioncenter@gmail.com)  
573-736-2088

### Animal Foster Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address (No PO Boxes): \_\_\_\_\_

Two Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Are you willing to foster: Canine \_\_\_\_\_ Feline \_\_\_\_\_ Other \_\_\_\_\_

Do you prefer male or female: M \_\_\_\_\_ F \_\_\_\_\_ Doesn't matter \_\_\_\_\_ Age Preference: \_\_\_\_\_

Breed preference or type of breed you are unwilling to foster: \_\_\_\_\_

Number of children in your household and their ages: \_\_\_\_\_

Do you Own \_\_\_\_\_ or Rent \_\_\_\_\_ If renting, what restrictions on pets (i.e., size, number of pets): \_\_\_\_\_

Landlord's name and phone number: \_\_\_\_\_

Do you have Breed Specific Legislation (BSL) in your city/town or county? If so, please describe the restrictions or ordinance: \_\_\_\_\_

Tell us about the adult members in your household (i.e. age, relationship to you): \_\_\_\_\_

Indicate pets currently living with you: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Other \_\_\_\_\_

Are your current pets spayed / neutered and up-to-date on their inoculations? If no, tell us why: \_\_\_\_\_

Are your pets: Indoor only \_\_\_\_\_ Outdoor only \_\_\_\_\_ Both \_\_\_\_\_

Do you have any of the following: Dog House \_\_\_\_\_ Dog Pen \_\_\_\_\_ Chain / Cable \_\_\_\_\_ Crate \_\_\_\_\_ Fenced Yard \_\_\_\_\_

Are you willing to provide food and litter at your own cost for foster pets: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of your current veterinarian and clinic address: \_\_\_\_\_

What traits do you find unacceptable in a pet: \_\_\_\_\_

What steps do you take to correct unwanted behavior: \_\_\_\_\_

Where will you keep your foster animal when you are not at home: \_\_\_\_\_

How many hours per day will your pet(s) and foster animal be left alone: \_\_\_\_\_

Where do you keep your pets at night: \_\_\_\_\_

Where will you keep your foster pet at night: \_\_\_\_\_

What arrangements will be made when you are away on business or on vacation: \_\_\_\_\_

What activities will you do with your foster pet for fun and/or exercise: \_\_\_\_\_

If you want to foster a canine, what restrictions do you place on children's interactions with your current dog(s) or will you place on your foster animal: \_\_\_\_\_

Have you cared for young, unweaned puppies or kittens before: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever given medication to sick animals before: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you fostered an animal before: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what organization did you foster for: \_\_\_\_\_

Name, address and phone number of another person that can attest to your care of animals: \_\_\_\_\_

Please tell us anything else about you that we have not covered in this application that you feel we should know: \_\_\_\_\_

How/where did you become aware of PCHS/LPAC: \_\_\_\_\_

I, \_\_\_\_\_ [name of foster applicant] make the above statements and voluntarily enter into this agreement to provide a temporary home as a foster caregiver to any animals PCHS/LPAC may temporarily place in my care.

- \_\_\_\_\_ I agree to provide a PCHS/LPAC representative access to all parts of my home and property for a home inspection before my application to foster is approved.
- \_\_\_\_\_ I understand that I may be required to provide foster care to my foster animal for an extended and indefinite period of time.
- \_\_\_\_\_ I understand that PCHS/LPAC provides no guarantee as to the health of my foster animal and that my foster animal may have medical needs, socialization problems, and may not be housebroken.
- \_\_\_\_\_ I agree to provide my foster animal with veterinary care as authorized by PCHS/LPAC. I will not arrange for any veterinary care for my foster animal without the expressed consent of an authorized PCHS/LPAC representative.
- \_\_\_\_\_ I will take all necessary precautions to prevent my foster animal from either impregnating another animal or becoming impregnated. In the event that happens, I will notify PCHS/LPAC immediately.
- \_\_\_\_\_ I agree that I am fostering this animal for PCHS/LPAC and that I do not have any right of ownership over my foster animal.
- \_\_\_\_\_ I agree to allow a PCHS/LPAC representative to check on my foster animal, at any time that I am in possession of my foster animal.
- \_\_\_\_\_ If I am planning to move at any time during the period when I am housing a foster animal, I agree to contact PCHS/LPAC prior to my move and provide PCHS/LPAC with my new contact information. I understand that PCHS/LPAC has the right to request return of my foster animal based on my change of residence, and agree that I will surrender my foster animal to PCHS/LPAC immediately upon request.

- \_\_\_\_\_ I understand that as long as I provide foster care to my foster animal to PCHS/LPAC satisfaction, I will be given the first right of adoption of my foster animal, at such time as PCHS/LPAC decides to place my foster animal for adoption.
- \_\_\_\_\_ If at any point I can no longer, or do not want to continue to, provide care and shelter for my foster animal, I agree to contact PCHS/LPAC and arrange for surrender and return of my foster animal back to PCHS/LPAC. I understand that accommodations for such return could take a while to facilitate.
- \_\_\_\_\_ I will not transfer possession or custody of my foster animal to any other person at any time, unless otherwise pre-approved by a PCHS/LPAC representative.
- \_\_\_\_\_ I agree that PCHS/LPAC is not responsible for any damage to personal property/belongings caused by a foster animal electively in my care.
- \_\_\_\_\_ I agree that PCHS/LPAC is not responsible for personal treatment of bodily injury caused by a foster animal electively in my care.
- \_\_\_\_\_ I agree to not be neglectful or cause injury/harm to my foster animal and will be responsible for any veterinary expensive resulting from stated neglect.
- \_\_\_\_\_ I agree that if I refuse or fail to comply with any provision of this agreement, PCHS/LPAC has the right to terminate this agreement and has the right to require immediate return of my foster animal(s).

I have read this application and Agreement in its entirety, and I agree that all statements and agreements contained in this document are made by me and are truthful, under penalty of perjury under the laws of the

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

**For PCHS/LPAC use only:**

Approved: YES  NO  Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PCHS/LPAC representative signature

\_\_\_\_\_  
Date