



## LINCOLN COUNTY ANIMAL SERVICES

650 John Howell Memorial Drive  
Lincolnton, North Carolina 28092  
(P) 704-736-8517 (F) 704-748-1505  
[www.lincolncounty.org/animalservices](http://www.lincolncounty.org/animalservices)

### FOSTER CARE PROGRAM APPLICATION

Thank you for your interest in working with Lincoln County Animal Services and our animal rescue partners to increase the number of animal foster homes in Lincoln County. The process to provide a foster home for an animal includes completion of this application, a follow up interview, a home inspection, and execution of a Foster Agreement – all which are necessary in order to best match you and your home environment with the needs of the animals.

Please take a moment to complete the following application to initiate the process. Upon receipt of the application, our Adoption Coordinator will contact you to set an appointment to discuss the program in greater detail and answer any questions you may have about the program or our animal rescue partners.

Applicants are required to submit a certified copy of their criminal records check for all counties of residence within the last 5 years and a copy of your current drivers license with your application.

#### Primary Foster Caregiver Information

First Name:	Last Name:	MI:
Address:		
Email Address:		
Date of Birth:	Driver's License No:	
Home Phone:	Cell Phone:	
Employer Name:	Work Phone:	

#### Residence Information

Do you Rent or Own your Home?	Circle the type of Residence.		
Single-family	Apartment	Townhouse	Condominium
Other (specify):			
If renting your current home, provide the name and phone number of landlord:			
Does your rental agreement or lease allow you to have a pet (Y/N)?			
Do you have a fenced yard or dog run (Y/N)?			
If yes, describe the type of enclosure including the size and height:			

#### Household Information

No. of adults in home:	
No. of children in home:	Ages of children:
Is anyone in your household allergic to pets (Y/N)?	

#### Family Pet and Foster Information

Do you currently have pets in your home (Y/N)?	List the type, sex, age, breed and if spayed/neutered.
How many hours per day and where will the foster animal be left alone?	
What duration of time can you foster an animal (No. of weeks)?	

**1) What kinds and types of animals are you interested in fostering (circle all that apply)?**

Puppies	Pregnant Cat	Dog in need of socialization	Adult Cat
Kittens	Mother Dog (with nursing puppies)	Cat in need of socialization	Hamsters, Gerbils, Ferrets, Guinea Pigs
Puppies (bottle-feeding)	Mother Cat (with nursing kittens)	Adult Dogs (small breed)	Rabbits
Kittens (bottle-feeding)	Sick/Injured Dog	Adult Dogs (medium breed)	Reptiles
Pregnant Dog	Sick/Injured Cat	Adult Dogs (large breed)	Birds
Breed Specific Dog (specify breed):			
Breed Specific Cat (specify breed):			

**2) Where will you keep the foster animal at your home (circle all that apply)?**

Outside (fenced yard)	Inside (enclosed area)	Inside (run of the house)	Inside (basement)	Inside (garage)
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**3) Would you be willing to work with the following animal characteristics and behaviors (circle all that apply)?**

Climbing on Furniture	Chewing Personal Items	Clawing Personal Items	Housebreaking
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**4) Name and contact information for your veterinarian.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

INITIAL ONLY ONE	I would like to serve as a foster home for Lincoln County Animal Services. I authorize Lincoln County to share my application information with one of their approved rescue partners to find an animal that best suits my home environment.
INITIAL ONLY ONE	I only wish to serve as a foster home for the Lincoln County Animal Services when an animal that best suits my home environment becomes available. I do not want Lincoln County Animal Services to share my application questionnaire with other rescue organizations.

I understand that the Lincoln County Animal Services makes no representation or guarantees about any animals' temperament, and that any comment that an animal is good with children or other animals, or is housebroken, is based on information provided by the previous owner and is believed to be true. Initial: \_\_\_\_\_

I understand and agree that Lincoln County Animal services will not be liable for any future injury or damage, which may be caused by this animal. Initial: \_\_\_\_\_

By signing below, I acknowledge receipt from Lincoln County Animal Services a copy of SOG 304-07. I also agree to comply with all stipulations provided for in LCAS SOG 304-07.

Dated: \_\_\_\_\_

Applicant

Lincoln County Animal Services

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)      \_\_\_\_\_  
Badge #