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| **Lucky Tales Rescue FOSTER Application**  **P.O. Box 6694**  **Florence, KY 41022**  [**luckytalesrescue@gmail.com**](mailto:luckytalesrescue@gmail.com)  **www.luckytalesrescue.org**  LTR b&w Logo.png | | | | | | | | |
| Lucky Tales Rescue, Inc., values your time and appreciates your application to be a foster parent. You can help us increase the number of animals we save, operate without additional rental space, reduce the risk of disease, address behavioral issues, and help the animals to adapt easier once they are adopted. This application will be reviewed by a foster counselor and our board. LTR reserves the right to deny any applicant.  Our foster counselor will review all references. We require two personal references as well as a vet reference before your application will be processed. (Please do not submit an application without references).  If your application is approved, our foster counselor will reach out to you about setting up a home visit.  One of our foster counselors will respond to your email/application within 24 hrs. We strive to have all applications processed within 72 hours—but timing is dependent on us reaching your references.  **\*\*PLEASE CALL YOUR VET TO GIVE CONSENT FOR US TO GET YOUR CURRENT/PAST PET’S HISTORY\*\*** | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | |
| Foster Applicant Name and Age: | | | | | | | | |
| Driver’s License Number: | | | | | | | | |
| Street Address: | | | | | | | | |
| Years at this Residence:  --If less than one year, please list prior address | | | | Home Phone Number: | | | | Cell Phone Number: |
| Employer: | | | | | | | | |
| Indicate type of Property Below:   * House * Townhouse * Apartment Condo * Mobile Home * Other (Please Explain): * Rent, Please provide Landlord/Complex Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Own * Other (Please Explain): * Breed Restrictions or Pet Limitations in your city/county/neighborhood? | | | | | | | | |
| Do you have a Fenced Yard?   * Yes * No | | | | Type of Fencing: | | | | |
| **HOUSEHOLD INFORMATION** | | | | | | | | |
| Number of Adults in the Household: | | | |  | | | | |
| Number of Children in the Household:  --Please list ages | | | |  | | | | |
| Is anyone allergic to animals?  --If so, what type of animals? | | | |  | | | | |
| **PET OWNERSHIP** | | | | | | | | |
| Name | Breed | Age/Sex | Altered | | De-clawed | | Deceased | WHERE ARE THEY NOW? |
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| In order for our foster coordinator to place animals with the best possible foster home, please indicate on the scale below how comfortable you are dealing with the following. 1 meaning you are **not** at all comfortable, 3 being that you are **very** comfortable.   |  |  | | --- | --- | | Timid/Fearful animals | 1 2 3 | | Aggressive animals | 1 2 3 | | Potty/litter box training | 1 2 3 | | Crate training | 1 2 3 | | Heartworm positive dogs | 1 2 3 | | Pregnant/nursing animals with litters | 1 2 3 | | Bottle feeding abandoned puppies/kittens | 1 2 3 | | Special needs pets (blind, amputees, recent surgeries, etc.) | 1 2 3 | | Basic Obedience for dogs | 1 2 3 |   **Please answer the following questions. If a question does not apply to you, please just answer N/A.**   |  |  |  |  | | --- | --- | --- | --- | | Fostering can take a substantial amount of time. Are you willing to foster this animal until adopted? | YES NO | | | | If you can only foster for a limited time, please indicate how long you can foster. |  | How many animals can you foster at a time? |  | | Are you able to keep the foster animal separate from other animals in your house if you need to? If yes, how long can you keep them separate? | YES NO | | | | Are you willing to keep the animal inside? (Other than exercise, playtime and bathroom time for dogs.) | YES NO | | | | Are you willing to keep this animal in foster even if it becomes ill? (Lucky Tales Rescue, Inc. will provide medications and veterinary treatments) | YES NO | | | | Are you willing to transport the foster pet to Lucky Tales Rescue, Inc. approved vet for scheduled exams and/or spay/neuter appointments? | YES NO | | | | Are you willing to deny any veterinary procedures NOT approved by Lucky Tales Rescue, Inc? **Exceptions would be extreme medical emergencies per LTR policy.** | YES NO | | | | Are you willing to meet a Lucky Tales Rescue, Inc. volunteer at pre-approved locations to pick up supplies, have pet micro chipped, administer vaccines, flea control, etc.? | YES NO | | | | Are you able to transport the foster animal to adoptions events (approximately 2-3 a month)? | YES NO | | |   **Additional Information Needed**   |  |  | | --- | --- | | Have you adopted an animal from Lucky Tales Rescue, Inc. before? | YES NO | | \*\*\*\*\*If so, which animal and when? |  | | Do you agree to allow a Lucky Tales Rescue, Inc. representative into your home prior to the arrival of your foster? | YES NO | | Would you allow a Lucky Tales Rescue, Inc. representative into your home to check on the foster? | YES NO | | Do you agree to notify Lucky Tales Rescue, Inc. at least one week in advance of needing to have the foster placed elsewhere? *Exception would be for an emergency on the part of you or your family of on the part of serious illness of the fostered pet* | YES NO | | Do you agree to give the foster up to a permanent home when requested to do so by Lucky Tales Rescue, Inc.? | YES NO | | Do you agree NOT to place the foster with anyone other than one that is pre-approved by a Lucky Tales Rescue, Inc. board member? | YES NO | | Do you agree to hold Lucky Tales Rescue, Inc. harmless from infections and diseases to your pet(s) that are spread due to either not keeping the fostered pet separate from your animals OR your pets not having adequate preventative health measures. | YES NO | | Many of our animals come from histories of abuse and neglect. Would you be willing to take on such a case? | YES NO | | You will be given foster guidelines which will suggest you keep a close eye out for unwanted behaviors. Do you agree to handle any and all unwanted behaviors WITHOUT physical discipline? | YES NO |   Name and Phone number of your vet:  **\*\*PLEASE CALL YOUR VET TO GIVE CONSENT FOR US TO GET YOUR CURRENT/PAST PET’S HISTORY\*\*** | | | | | | | | |
| How many hours a day will the foster dog be alone? | | | | | | | | How many hours without an adult? |
| How will the foster dog spend his/her days/nights?   * Day/Night - Loose in the house * Day/Night - Garage * Day/Night - Loose in the yard * Day/Night - Cage/crate * Day/Night - Porch * Day/Night - Fenced yard | | | | | | | | * Day/Night - Doghouse * Day/Night - Barn * Day/Night - On a chain * Day/Night - Confined to one room * Day/Night - Basement * Day/Night - Other (Explain): |
| How will you introduce the foster dog to other pets in the home? | | | | | | | | |
| How will you entertain/exercise your foster dog? | | | | | | | | |
| **PERSONAL REFERENCES** | | | | | | Please list 2 references (one must be someone not related to you): | | |
| **Name** | | | | | | **Phone Number** | | **Relationship** |
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*By my signature, I certify that the above information is complete and correct and that I am at least 21 years of age I understand that LTR has the right to deny my request for fostering.  I authorize verification of all statements on this application, including but not limited to prior vet medical history.  I understand that this application is the property of LTR, who reserves the right to retain this information for their own use.  I also agree that a LTR representative shall visit my home by appointment as part of this application process.*    
 

