



St. Tammany Parish Animal Services  
 31078 Hwy 36 Lacombe, LA 70445  
 P: 985-809-0183 E: animalshelter@stpgov.org

**FOSTER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Other people who live in your home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Who is your local Vet? \_\_\_\_\_ Phone: \_\_\_\_\_

**Have you ever provided foster care to animals before?**  Yes  No

If yes, when \_\_\_\_\_ what kinds of animals \_\_\_\_\_

**As a foster parent you will be required to keep your foster dog(s) on a leash or enclosed within a fence adequate for the animal or in a home at all times. Foster cats *must* be kept inside at all times. By initialing, you acknowledge that you will abide by these provisions. Initial: \_\_\_\_\_**

What period of time are you willing to foster? \_\_\_ weeks \_\_\_ months or  Until Adopted

If you have limits regarding a fostering commitment...Please explain,

Do you have any experience caring for any of the following?  Yes  No (Please circle all that apply)  
 Sick Animals Injured Animals Puppies Kittens Behavior Problems

Explain: \_\_\_\_\_

Do you have any experience giving medication to animals?  Yes  No (Please circle all that apply)

Pills Eye cream Ear medicine Liquid medicine other \_\_\_\_\_

How long with the pet be left alone each day? \_\_\_\_\_

Please describe the general area where your foster pet(s) will be kept: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**ABOUT THE PET(S) YOU'D LIKE TO FOSTER**

I am interested in fostering: (Check all that apply)

Healthy **dogs**-- Ages \_\_\_\_\_ Sex \_\_\_\_\_ How many @ a time? \_\_\_\_\_

Size:  small  medium  large

Dogs with injuries  Dogs with illnesses  Dogs with behavior problems  Dogs with special needs (deaf, blind, etc.)

Puppies  Puppies with mom  Pregnant dogs  Orphaned puppies (bottle fed)

Healthy **cats**-- Ages \_\_\_\_\_ Sex \_\_\_\_\_ How many @ a time? \_\_\_\_\_

Cats with injuries  Cats with illnesses

Kittens  Kittens with mom  Pregnant cats  Orphaned kittens (bottle fed)

STPAS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

While you are caring for foster pets, we will contact you from time to time to check on the pets progress and address any concerns you may have. St. Tammany Parish Animal Services reserves the right to remove the pet(s) from a foster home if St. Tammany Parish Animal Services has any reason to believe that the health or welfare of the pet(s) is in jeopardy. If for any reason the foster parent cannot fulfill their fostering duties, the pet(s) must be returned directly to a St. Tammany Parish Animal Services representative. If the foster parent decides to adopt the pet they are fostering, they must discuss this with the Foster Coordinator and may be subject to the adoption approval process and appropriate adoption fees.

By signing this form, you agree to the above statements and certify that the answers given above are true:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand that if the information provided on this application is found to be false/incorrect I will surrender the foster pet(s) to St. Tammany Parish Animal Services upon demand. I agree to abide by St. Tammany Animal Services guidelines and return the pet(s) if I cannot keep the pet(s) and to notify St. Tammany Animal Services immediately if the pet(s) is/are lost, shows signs of health issue, or dies. I agree to allow a representative of St. Tammany Parish Animal Services to inspect the home environment and yard, and if any violation of the terms contained herein or any applicable law is evident, I agree to allow the agent of St. Tammany Parish Animal Services to remove the pet from the premises occupied by me, and entry shall not constitute a trespass. I understand that St. Tammany Parish Animal Services makes no warranty regarding the pet(s) which I am fostering and that I am doing so of my own accord and knowing all of the associated risks. I assume all responsibilities, risks, and liabilities associated with fostering pet(s) from St. Tammany Parish Animal Services and hereby agree, for my family, heirs and representatives, to release, hold harmless, indemnify, and defend the St. Tammany Parish Animal Services, its officers, agents, and employees from any and all demands, claims, liabilities, and causes of action of any kind arising out of or associated with the pet(s) which I am fostering. I agree to be bound by the terms and conditions contained herein. Furthermore, I certify that the information provided is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STPAS Representative: \_\_\_\_\_ Date: \_\_\_\_\_