



**LIVINGSTON COUNTY ANIMAL CONTROL**  
418 S. Highlander Way  
Howell, Michigan 48843  
(517) 546-2154 Fax: (517) 546-0232  
<https://www.livgov.com/sheriff/animalcontrol>

### LCAC's Foster Application

- The purpose of the Foster Application and registration process is to determine the qualifications and suitability of individuals who wish or desire to become registered foster parents with the Livingston County Animal Control (LCAC).
- Please complete this application with care because the information you provide, under the guidelines of the LCAC Foster Policy, will help us determine whether you are eligible to register as a foster parent.
- Incomplete applications will not be reviewed.
- Applications submitted with false information will be disqualified.
- Every applicant must comply with the Foster Policy of the LCAC.

Date:

Applicant's Name:

Physical Address:

City:

Zip:

Phone (home):

(work):

(cell):

Email Address:

Driver's License Number:

State:

Why do you want to become a registered foster parent with LCAC?

How often would you like to foster?

When will you be able to begin fostering?

What type of dwelling do you reside? HOUSE APARTMENT DUPLEX MOBILE HOME

Is the residence: OWNED RENTED

Landlord's Name

Phone

Do you plan on moving in the next 365 days? YES NO UNSURE

If yes, what is the estimated month/year you plan on moving?

May we visit your home for pre-inspection or during foster care? YES NO

How many pets do you currently own? CATS DOGS OTHER NONE

Please enter your current pets in the table below:

SPECIES	<i>BREED</i>	AGE	ALTERED	HOUSED INDOOR/OUTDOOR	<i>CURRENTLY VACCINATED</i>	<i>MEDICAL/BEHAVIORAL PROBLEMS</i>

What is your vet's name and phone number:

If you own an unaltered pet, what is the reason for not having your pet sterilized?

List the number and ages of children living in your household:

Will the pet be kept:            INDOORS            OUTDOORS            BOTH

If outdoors, describe the environment, type of fencing, and the shelter you will provide:

At what time of day will the pet be outdoors?

What type of schedule do you keep; how many hours will the pet be left alone?

Do you plan to assist in finding a permanent home for the animal(s)?

YES            NO            UNSURE            YOUR HOME

What type of pets would you like to foster? In the boxes below, please check the types of animals you would like to assist:

	DOGS	CATS	OTHER
ADOPTABLE			
ORPHANNED INFANTS			
MOTHERS WITH INFANTS			
MEDICALLY NOT ADOPTABLE			
BEHAVIORAL/SOCIALIZATION			

In the boxes below please write the number of animals in each category you could house/foster at one time:

CATS	DOGS	OTHER

Please fill in the sections below pertaining to the type of foster you wish to apply for:

ADOPTABLE PETS:

- If you are fostering an adoptable animal, is the animal able to accompany you in your free time (i.e. to the park, on walks in public areas etc.)? YES NO
- Are you aware of Livingston County's animal ordinances (i.e. leash law, keeping an animal locked in a vehicle etc.)? YES NO
- Would you be able to foster an animal with behavioral issues? YES NO  
 If yes, please circle the behavioral issues that you would be comfortable fostering:  
 House soiling fear food aggression animal dominance possession aggression
- Do you possess basic obedience training knowledge (i.e. leash walking, basic commands, housebreaking) YES NO

MEDICALLY NOT ADOPTABLE PETS:

- Have you ever cared for sick or injured animals before?      YES      NO  
    In what capacity?
  
- Have you ever administered medication to animals before?      YES      NO  
    If yes, circle all that you have administered:  
    PILLS    SUSPENSIONS    FLUIDS    SPRAYS    DIPS    TOPICALS
- If you own other animals, are you able to separate your foster animal from your resident animals if needed?      YES      NO  
    If yes, how?
  
- Are you able to take an animal that may be temporarily contagious to you, or other animals (i.e. ringworm, sarcoptic mange)?      YES      NO

ORPHANNED / INFANT PETS:

- Have you ever bottle-raised an animal before?      YES      NO  
    What type of animal(s)?  
  
    How many?  
  
    How often did you feed it/them?  
  
    Did it/they survive?
  
- What is usually wrong when an infant will not eat?
  
- Can you explain manual stimulation?
  
- Is the infant able to accompany you to work or school?      YES      NO      OCCASSIONALLY

ALL FOSTER PARENTS:

- If you find that your foster situation is not working out, for whatever reason, do you agree to return your foster to the LCAC as soon as possible? YES NO
- What is the best way to contact you when the facility has an animal(s) requiring fostering?

I \_\_\_\_\_, attest that all the information I have provided on this application is true. I agree to honor the rules and regulations listed in the Foster P[ \*!æ È

Á

I \_\_\_\_\_, agree that if my foster animal is requiring medical attention, I will notify LCAC before taking the animal(s) to the vet. Any animal that does not have pre-approval for a veterinarian visit will not be paid for by LCAC.

I \_\_\_\_\_, agree that I will not hold LCAC accountable for any direct or remote and consequential damages or injuries arising out of this foster care arrangement.

I \_\_\_\_\_, have read, understood, agree to, and will abide by all terms and conditions outlined in the Foster P[ \*!æ .

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

---

Á

LCAC staff use only:

Á

Property Appraisal Verified: Yes No Unavailable Initials \_\_\_\_\_ Date: \_\_\_\_\_

Landlord Approved: Yes No Initials \_\_\_\_\_ Date: \_\_\_\_\_

Vet Called: Yes No

Application: Approved Denied

LCAC Director: \_\_\_\_\_ Date: \_\_\_\_\_