



# NORTHERN LIGHTS REGIONAL HUMANE SOCIETY

PO Box 481, High Level, AB T0H 1Z0 Ph. 780-926-5520 Email: [shelter.nlhs@live.ca](mailto:shelter.nlhs@live.ca)

Registered Charity: #839017902RR0001

## FOSTER CARE APPLICATION

### *Foster Care Personal Information*

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening/Cell Phone: \_\_\_\_\_

### Living Accommodations:

House          Apartment          Acreage          Other: \_\_\_\_\_

Own          Rent : Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Do you have a fenced in yard?          Yes          No

What kind of shelter can you provide to the animal(s) when outside?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any companion animals now?          Yes          No  
If yes, what do you have?

1. \_\_\_\_\_  
Spayed/Neutered?          Yes          No  
Up to date on vaccines?          Yes          No

3. \_\_\_\_\_  
Spayed/Neutered?          Yes          No  
Up to date on vaccines?          Yes          No

2. \_\_\_\_\_  
Spayed/Neutered?          Yes          No  
Up to date on vaccines?          Yes          No

4. \_\_\_\_\_  
Spayed/Neutered?          Yes          No  
Up to date on vaccines?          Yes          No

How long can you foster for? \_\_\_\_\_

Are you willing to foster animals with behavior problems and/or special needs?          Yes          No



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What type of animal are you willing to foster?

Adult Dog

Adult Cat

Puppies

Kittens

Adult Dog with Puppies

Adult Cat with Kittens

Do you have children? Yes No

If yes, how many and ages: \_\_\_\_\_

Anyone in your family have allergies to animals? Yes No

If yes, please explain: \_\_\_\_\_

Please provide contact information for 2 references below *(not relatives or members of household)*:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Animal(s) that I am interested in fostering from the NLRHS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I understand that the NLRHS reserves the right to deny me as a potential foster home. If your application is successful, you will be required to sign a Northern Lights Regional Humane Society Agreement to Foster.

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