



Lexington County Animal Services: Fostering Program
321 Ball Park Rd. Lexington, SC 29072
Phone: 803-785-8149



Foster Program Application

Thank you for your interest in becoming a foster parent for Lexington County Animal Services! To get started, simply fill out the following form. This information will allow us better insight into your fostering preferences to appropriately match you with a compatible foster animal. Please take your daily schedule, housing, room or house mates and any leasing restrictions into consideration. We can't wait to start saving lives together!

Personal Information

(First Name) (Middle Name) (Last Name)

Date Of Birth: _____

(Address) (City) (State) (Zip Code)

Email Address: _____ Phone Number: _____

Drivers License: _____

Housing Information

What type of home do you live in? (Single Family, apartment, etc.)

Does your home have a fenced in yard or accessible dog park? YES or NO

If NO, are you able to take them on walks to get exercise? YES or NO

Do you rent or own? _____

Does your renter's agreement allow pets? YES or NO

Do you have any children? YES or NO

If yes, please list how many and their ages.



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Do you have any other pets in the home? YES or NO

If yes, please list how many and their ages.

Have all the pets living in your home received their vaccinations in the past 12 months?

YES or NO

Are all your pets accepting of new pets in the home? YES or NO

What is your occupation? _____

How many hours a day will your foster pet spend alone? _____

Are you interested in adopting? YES or NO

Do you have a kennel/create/playpen? YES or NO

Do you need one? YES or NO

Experience and References

Have you fostered an animal previously? YES or NO

Are you willing and able to train and socialize with the dog? YES or NO

Received training guide- YES or NO

How do you intend to exercise your foster dog? _____

Please provide at least two personal references that you are not related to:

(Name) (Phone number)

(Name) (Phone number)

(Name) (Phone number)



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Emergency Contact(s)

(Name)

(Phone Number)

(Name)

(Phone Number)

(Applicants Signature)

(Date)

(Foster Coordinator Signature)

(Date)

(Director Signature)

(Date)