



LAKEFIELD ANIMAL WELFARE SOCIETY

2887 Lakefield Highway, P. O. Box 9, Lakefield ON K0L 2H0

(705) 652-0588 info@lakefieldanimalwelfare.org

FOSTER PARENT APPLICATION

APPLICANT INFORMATION

NAME (FIRST & LAST):

HOME PHONE:

ADDRESS:

MOBILE PHONE:

CITY:

E-MAIL:

PROVINCE:

POSTAL CODE:

BIRTHDAY (MM/DD/YYYY):

1. Please describe the area where the animal(s) will be kept:

2. Do you have access to a car? YES
 NO

3. Please list your experience with animal care:

4. List all animals in the household, their ages and in the case of cats/dogs, whether they are neutered or spayed:

5. Who is your regular vet?

6. Do you have an area in your home where the animal(s) can be isolated? YES
 NO

7. Do you have any children? Please list ages:

8. Will your children have any involvement with the animals? YES
 NO

9. Do any household members have allergies or fears towards animals? Please explain:
