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TLCASC'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 Tallahassee-Leon Community Animal Service Center (TLCASC).
- Please complete this application with care because the information you provide, under the guidelines of the TLCASC 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 and Procedure of the TLCASC.

Date: _____

Applicant's Name: _____

Physical Address: _____ City: _____ Zip: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: _____

Driver's License Number: _____ State: _____

How did you hear about TLCASC's foster program? _____

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

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 mos/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	BREED	AGE	ALTERED	HOUSED INDOOR/OUTDOOR	CURRENTLY VACCINATED	MEDICAL/BEHAVIORAL PROBLEMS

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

If yes, how do you plan to achieve this? _____

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 FOSTER PARENTS:

- 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 the City of Tallahassee'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 FOSTER PARENTS:

- 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? _____
 If no, if TLCASC can provide a crate or carrier would this then be a possibility?
 YES NO
- 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 FOSTER PARENTS:

- 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 TLCASC 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 Policy.

I _____, agree that if my foster animal is requiring medical attention, I will notify TLCASC 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 TLCASC.

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

TLCASC staff use only:

Property Appraisal Attached: Yes No Initials _____ Date: _____

Landlord Approved: Yes No Initials _____ Date: _____

Application: Approved Denied

Kennel Supervisor: _____ Date: _____