



1125 EASTERWOOD DRIVE ♦ TALLAHASSEE, FLORIDA 32311  
 PHONE (850)891-2950 ♦ FAX (850)891-2977 ♦ TALGOV.COM/ANIMALS  
 TUES – FRI 10:30-6:30 ♦ SAT 10:00-5:00 ♦ SUN 1:00-5:00 ♦ CLOSED MONDAY

### FOSTER APPLICATION

Thank you for your interest in becoming a Foster Volunteer with the Tallahassee-Leon Community Animal Service Center. The information on this form will help us determine your suitability for volunteering with our foster program. Please print or type your responses clearly as incomplete or illegible applications will not be considered. Submit completed applications to [fosterpets@talgov.com](mailto:fosterpets@talgov.com).

#### Personal Information

NAME		DATE OF BIRTH	
ADDRESS			APT
CITY		STATE	ZIP
HOME PHONE (     )	WORK PHONE (     )	CELL PHONE (     )	
EMAIL ADDRESS		EXEMPT FROM PUBLIC RECORDS? <input type="checkbox"/> No <input type="checkbox"/> Yes	
DRIVER'S LICENSURE INFORMATION			
State of Issue:		DL Number:	DL Expiration Date:

#### Personal Veterinarian

FAMILY VETERINARIAN NAME	VETERINARIAN PHONE NUMBER
May we contact your veterinarian as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the records in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No If no: what name is on the records?	

How did you hear about our foster program? Previous Adopter Internet Friend Advertising Other (please specify)  
 Why do you want to become a foster parent?

#### Personal Experience & Interest Information

Do you have any prior animal experience? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe where and what type:															
Do you have any prior foster experience? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe where and what type:															
Do you plan to assist in finding an adoptive home for your foster pets? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe how:															
What type of animals would you like to foster? (check all that apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> adoptable dogs</td> <td><input type="checkbox"/> adoptable cats</td> <td><input type="checkbox"/> adoptable others</td> </tr> <tr> <td><input type="checkbox"/> orphaned infant dogs</td> <td><input type="checkbox"/> orphaned infant cats</td> <td><input type="checkbox"/> orphaned infant others</td> </tr> <tr> <td><input type="checkbox"/> mother dogs with infants</td> <td><input type="checkbox"/> mother cats with infant</td> <td><input type="checkbox"/> mother others with infant</td> </tr> <tr> <td><input type="checkbox"/> medical dogs</td> <td><input type="checkbox"/> medical cats</td> <td><input type="checkbox"/> medical others</td> </tr> <tr> <td><input type="checkbox"/> behavioral dogs</td> <td><input type="checkbox"/> behavioral cats</td> <td><input type="checkbox"/> behavioral others</td> </tr> </table> If you checked any "others" please specify type:	<input type="checkbox"/> adoptable dogs	<input type="checkbox"/> adoptable cats	<input type="checkbox"/> adoptable others	<input type="checkbox"/> orphaned infant dogs	<input type="checkbox"/> orphaned infant cats	<input type="checkbox"/> orphaned infant others	<input type="checkbox"/> mother dogs with infants	<input type="checkbox"/> mother cats with infant	<input type="checkbox"/> mother others with infant	<input type="checkbox"/> medical dogs	<input type="checkbox"/> medical cats	<input type="checkbox"/> medical others	<input type="checkbox"/> behavioral dogs	<input type="checkbox"/> behavioral cats	<input type="checkbox"/> behavioral others
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### Household Information

TYPE OF DWELLING <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home		Do you rent or own your residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent	
LENGTH OF RESIDENCE AT CURRENT ADDRESS		Do you plan on moving within the next year? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, when?	
LANDLORD'S NAME		LANDLORD'S PHONE	
NUMBER OF ADULTS IN THE HOME	NUMBER OF CHILDREN IN THE HOME	AGES OF CHILDREN IN THE HOME	
My foster pet should get along with: <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Rabbits <input type="checkbox"/> Ferrets <input type="checkbox"/> Farm Animals <input type="checkbox"/> Children			
My foster pet will spend most of its time: <input type="checkbox"/> Inside – Free Roam <input type="checkbox"/> Inside - Crated <input type="checkbox"/> Outside – Free Roam <input type="checkbox"/> Outside - Fenced <input type="checkbox"/> Outside – Chained/Tethered			
Do you have a fenced yard? <input type="checkbox"/> No <input type="checkbox"/> Yes If “Yes”, what type & height is your fence? Does your yard have a shelter? <input type="checkbox"/> No <input type="checkbox"/> Yes If “Yes”, what type of shelter?			
How long will your foster pet be left alone on weekdays? How long will your foster pet be left alone on weekends?			
May we visit your home to verify the information you have provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you contact the Animal Service Center if you are unable to keep the animal? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Personal Pet Information

LIST THE NUMBER OF EACH TYPE OF PET YOU CURRENTLY HAVE? DOGS    CATS    OTHERS (please specify type)				
PLEASE DESCRIBE EACH OF YOUR CURRENT PETS BELOW (continue on another sheet of paper if necessary)				
BREED/NAME	AGE <input type="checkbox"/> months <input type="checkbox"/> years	SEX <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female	PET LIVES <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> inside & outside	DATE OF LAST VACCINES
BREED/NAME	AGE <input type="checkbox"/> months <input type="checkbox"/> years	SEX <input type="checkbox"/> intact male <input type="checkbox"/> neutered male <input type="checkbox"/> intact female <input type="checkbox"/> spayed female	PET LIVES <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> inside & outside	DATE OF LAST VACCINES
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If you own any unaltered pets, please describe the reason for not having your pet sterilized?				

### 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.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of the City of Tallahassee's animal ordinances (i.e. leash law, keeping an animal locked in a vehicle etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess basic obedience training knowledge (i.e. leash walking, basic commands, housebreaking) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Where did you gain such knowledge?
How do you housetrain an animal?
When is it appropriate to physically discipline an animal?
Would you be able to foster an animal with behavioral issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check the behavioral issues that you would be comfortable with: <input type="checkbox"/> House soiling <input type="checkbox"/> Fear <input type="checkbox"/> Food Aggression <input type="checkbox"/> Animal Dominance <input type="checkbox"/> Possession Aggression

### Medically Not Adoptable Foster Parents

Have you ever cared for sick or injured animals before? <input type="checkbox"/> Yes <input type="checkbox"/> No In what capacity?
Have you ever administered medication to animals before? <input type="checkbox"/> Yes <input type="checkbox"/> N If yes, please check all that you have administered: <input type="checkbox"/> Pills <input type="checkbox"/> Suspensions <input type="checkbox"/> Fluids <input type="checkbox"/> Sprays <input type="checkbox"/> Dips <input type="checkbox"/> Topicals
If you own other animals, are you able to separate your foster animal from your resident animals if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how?
If no, if TLCASC can provide a crate or carrier would this then be a possibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to take an animal that may be contagious to you or other animals (i.e. ringworm, sarcoptic mange?) <input type="checkbox"/> Yes <input type="checkbox"/> No

### Orphaned/Infant Foster Parents:

Have you ever bottle-raised an animal before? <input type="checkbox"/> Yes <input type="checkbox"/> No  What type of animal?  How many?  How often did you feed it/them?  Did they survive?
What are the steps of feeding a newborn kitten or puppy?
Is the infant able to accompany you to work or school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Occasionally

**Criminal History Information**

In accordance with City of Tallahassee policy, a criminal history screening may be conducted on the selected applicant. If your answers to the questions below do not accurately and completely reflect your criminal history, you may be eliminated from further consideration for the foster program. **If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history.** A “Yes” answer to any question will not automatically bar you from volunteering. The nature, severity and date of the offense(s) in relation to the duties of the volunteer position are considered.

1. Have you ever been convicted of a felony or a 1st degree misdemeanor?  Yes  No

2. Have you ever had the adjudication of guilt withheld for a felony or 1st degree misdemeanor?  Yes  No

If you answered “Yes” to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor.

CHARGE	DATE OF DISPOSITION	COUNTY/STATE

*Continue list on another sheet, if necessary*

**In signing this application, I understand and agree to the following:**

I attest that all of the information I have provided on this application is true. I agree to serve as a productive member of the foster program. I will follow the Tallahassee-Leon Community Animal Service Center (TLCASC) policies and procedures explained to me during the foster parent orientation and as described in the Foster Parent Handbook.

I agree that if my foster animal requires medical attention, I will notify TLCASC before taking the animal(s) to the vet. I understand that if I seek veterinary care for a foster animal without pre-approval from TLCASC, I will not be reimbursed for any expenses I incur.

I verify that I am volunteering my time without any expectation that I will be compensated for the hours I work as a foster volunteer. I give my consent to TLCASC to provide my name, voice and/or photograph, or that of any animal care for, to the media in connection with advertising, programming or operational activities for TLCASC. I understand that I will receive no compensation for giving this permission. I agree to hold harmless Tallahassee-Leon Community Animal Service Center, the City of Tallahassee, Leon County, and any of its agents, employees, directors, and insurance carriers from all actions, claims of every nature, damages or judgments in matters relating to my service as a TLCASC foster volunteer. This includes, but is not limited to, personal injury.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

PROPERTY APPRAISER VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable	
Discrepancies in Appraisal:	
LANDLORD APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Contact	
Landlord Requirements:	
APPLICATION STATUS <input type="checkbox"/> Approved for: <input type="checkbox"/> adoptable <input type="checkbox"/> infant <input type="checkbox"/> medical <input type="checkbox"/> behavioral <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> other: <input type="checkbox"/> Denied -- Reason Denied:	
FOSTER COORDINATOR SIGNATURE	DATE OF APPLICATION DECISION