



1125 EASTERWOOD DRIVE • TALLAHASSEE, FLORIDA 32311  
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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? \_\_\_\_\_

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List the number and ages of children living in your household: \_\_\_\_\_

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Will the pet be kept:      INDOORS      OUTDOORS      BOTH

If outdoors, describe the environment, type of fencing, and the shelter you will provide: \_\_\_\_\_

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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? \_\_\_\_\_

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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? \_\_\_\_\_

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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:**

Application:      Approved                  Denied

Kennel Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_