|  |
| --- |
| Text  Description automatically generated |

## Foster Applicant Information

You can use this space to put your address to mail the completed application or phone number or whatever you want

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## Foster Interests

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | Please place a check next to each area of interest | | | | |  | Dogs Small or Large? (Please circle preference) |  | Cats – long or short hair? (Please circle preference) | |  | Puppies |  | Kittens | |  | Senior Dogs |  | Senior Cats | |  | Medically Needy Dogs |  | Medically Needy Cats | |  | Pregnant Dogs |  | Pregnant Cats | |  | Dogs with Behavioral/Training Needs |  | Cat’s that need socialization/trust building | | Please share with us your experience in any of the areas you have selected as an interest. | | | | |  | | | | |  | | | | |  | | | | |

## Please list all members of your household

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Age | Phone Number (if over 18) |
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Are all members of the household in agreement to foster the type of animals you have expressed an interest in?

[ ]Yes [ ]No

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| **Household Information** |
| [ ] Own [ ]Rent Landlord Name and Phone: |
| How long have you lived at your current address? |
| Is your yard fenced? [ ] Yes [ ]No if yes, what type of fencing? |
| Approximately ow many hours will the animal be alone each day? |
| How will the animal be contained in your absence? [ ] Crate [ ]Room [ ] Free Roam in the House |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Current Pets in The Household** | | | | | | |
| Type | Sex | \*Altered | Indoor/Outdoor | Owner | Current on Vaccines? | Length of ownership |
| Example: Dog | M | Yes | Indoor | Me | Yes | 7 years |
|  |  |  |  |  |  |  |
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\*Altered = Spay or Neutered

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| --- | --- | --- |
| **Other Pet Info** | | |
| Have you ever had to rehome a pet? If yes, please tell us why: | | |
|  | | |
| Have you ever lost an animal? Please describe? | | |
|  | | |
| What kind of activities do you do with your current animals? | | |
|  | | |
|  | | |
| **Veterinary History** | | |
| Vet Name | Phone Number | Animals seen by this vet |
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| **Employment** |

Are you Employed? [ ] Yes [ ] No Part time [ ] Full-Time [ ] Seasonal/Temporary [ ]

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:

Supervisor: Length of Employment:

## References – Personal or Professional

|  |  |
| --- | --- |
| Name/Organization: | Phone: |
| Address: | Type of relationship i.e. Friend, Boss |
| Activities/Contributions | |
| Length of Service Dates From: To | Reason for Leaving |
| May we contact for a reference? | |

|  |  |
| --- | --- |
| Organization: | Phone: |
| Address: | Supervisor |
| Activities/Contributions | |
| Length of Service Dates From: To | Reason for Leaving |
| May we contact for a reference? | |

|  |  |
| --- | --- |
| Organization: | Phone: |
| Address: | Supervisor |
| Activities/Contributions | |
| Length of Service Dates From: To | Reason for Leaving |
| May we contact for a reference? | |

## Disclaimer and Signature

I understand that a representative of TRI-CITIES ANIMAL SHELTER & CONTROL SERVICES will conduct a home inspection prior to placing any foster animals in my home.

I certify the above information is accurate and truthful. I authorize TRI-CITIES ANIMAL SHELTER & CONTROL SERVICES representatives to contact any and all individuals listed in this application to obtain and verify information I have listed.

I understand if I am approved, the animal I may choose to foster is the property of TRI-CITIES ANIMAL SHELTER & CONTROL SERVICES and at any time, I may be asked to return the animal(s) to the rescue.

I further understand that at any time TRI-CITIES ANIMAL SHELTER & CONTROL SERVICES can revoke foster privileges.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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| Staff Use Only |
| Verification of Address and/or Landlord Approval |
| Veterinarian Verification |
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| Personal/Professional References: |
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| Home Check |
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| Application Review Completed by: Date: |