



Tri-Cities Animal Shelter & Control Services

1312 S. 18th Ave. Pasco, WA 99301 (509)545-3740

Pre-Foster Application:

All information must be filled out on this application to be considered in the Foster Program. Please fill out this application and bring it to the shelter in person. You must be 18 years or older to fill out this application.

Name (first, middle initial, last) _____

Today's Date _____ Your Age _____ Gender _____

Street address _____ City _____ Zip Code _____

Length of time at current address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Do you *OWN* or *RENT*? Own _____ Rent _____ Live with other _____

If you rent, may we contact your landlord(s) / property owner? Yes _____ No _____

Landlord(s)/ owner(s) Name _____ Phone _____

Are you planning on moving in the future? _____ Where _____

If you are moving, can you take your pets? _____

Are you employed? Full Time _____ Part Time _____ Un-Employed _____ Other _____

May we contact you at work if needed? _____

Do you have children under the age of 18 living in your home?

If yes, what are there ages _____

Does anyone in the house have pet allergies? _____

Do you frequently vacation or travel? _____

*If yes, do you have someone to care for the pets? _____

Do you have a completely fenced in yard? _____ What kind of fence? _____

How many hours per day will the animal be alone?_____

How will it be confined in your absence?_____

Do you have roommates, family or friends' pets that also live with you? Yes____ No____

PLEASE LIST ALL PETS THAT CURRENTLY LIVE AT YOUR RESIDENCE

***Remember to list friends and family pets as well.

Age?	Spayed/Neutered?	Years Owned?	Dept In/Out?
*Dog_____	Yes____ No____	_____	_____
*Dog_____	Yes____ No____	_____	_____
*Dog_____	Yes____ No____	_____	_____
*Dog_____	Yes____ No____	_____	_____
*Cat_____	Yes____ No____	_____	_____
*Cat_____	Yes____ No____	_____	_____
*Cat_____	Yes____ No____	_____	_____
*Cat_____	Yes____ No____	_____	_____
*Other_____	Yes____ No____	_____	_____
*Other_____	Yes____ No____	_____	_____

Would you have a current male pet neutered if needed? Yes____ No____

Would you have a current female pet spayed if needed? Yes____ No____

Do you plan to allow a current un-altered pet to have puppies or kittens? Yes____ No____

Have you ever give a pet away or placed one up or adoption? Yes____ No____

*If yes, please explain why:

_____.

Are your pets current on all of their vaccinations, including rabies? Yes____ No____

Who is your veterinarian?_____ Phone_____

May we contact your veterinarian as a reference? Yes____ No____

Are you willing to provide a foster animal with medical care under a veterinarian's advice?

Yes____ No____ If it did not cost me anything_____

Are you willing to take a dog or puppy to obedience training? Yes____ No____

What kinds of activities (if possible) do you have planned for your foster pet? (walks, etc.)

Are you willing to have a representative from Tri-Cities Animal Shelter to do a “home check” before you foster an animal? Yes____ No____ If no, why?_____

Please check animals you are interested in fostering?

Bottle fed kitten(s)____ Bottle fed puppy(s)____ Young kitten(s)____ Young puppy(s)____

Shy kitten(s) that need extra socialization____ Shy puppy(s) that need extra socialization____

Cat waiting to be adopted____ Dog waiting to be adopted____

Pregnant cat____ Pregnant dog____ Animal recovering from surgery/illness____



PLEASE READ THE FOLLOWING CAREFULLY, SIGN AND DATE.

I certify the information in this application is true, to the best of my knowledge. I authorize Tri-Cities Animal Shelter and Control Services to contact my veterinarian(s), references, property owner(s) if needed to ensure that I am capable of fostering an animal(s) in a safe, nurturing environment. If, for any reason, the Tri-Cities Animal Shelter and Control Services find that the foster animal(s) is not being cared for adequately, the foster becomes voided and the animal(s) must be returned to the shelter immediately. I understand that I must fill out this form and bring it to the shelter in person to be considered into the Foster Program.

Signature _____ **Date** _____

Printed Name _____

~Staff Use Only~

Landlord(s) approval verification. Yes____ No____ Comments_____

Vet reference verified? Yes____ No____ Comments_____

Home check needed? Yes____ No____ Comments_____

Additional Comments-
