



Phone/ Fax Number:
Phone (509) 545-3740
Fax (509) 545-6293

Shelter Address:
1312 S. 18th Ave
Pasco, WA 99301

Application also found on the TCASCS website:

www.tri-citiesanimalshelter.com

***** WE RESERVE THE RIGHT TO DENY THE FOSTER OF ANY ANIMAL FOR ANY REASON*****

ALL information must be filled out on this application to be considered in the Foster Program. Information provided must be true and accurate. Please fill out this application and bring it to the shelter in person. You must be 18 years or older to apply.

Upon application submission, your application will be reviewed and you will be contacted for a home inspection.

Today's Date: _____

ANIMAL INTERESTED IN FOSTERING

We understand much of this information is limited, but if you can provide us with as much information in regards to the animal you would like to foster it would help the application process with accuracy and time. Much of the animals information is found on their kennel card which is the piece of paper located on their cage kennel.

Animal Name: _____

Animal Breed: _____

Animals' Microchip Number: _____

Animal Breed: _____

Animals' Shelter ID Number: _____

Animal Color/s: _____

FOSTER APPLICANT INFORMATION

Name: _____
Last First M.I.

Current Address: _____

Date of Birth (Month/Date/Year): _____ **Age:** _____

Driver's Lic. #: _____ **Exp. Date:** _____

Email Address: _____

Home Phone #: _____ **Cell Phone #:** _____

Are you employed?

Yes No

Type of employment you maintain:

Full Time Part Time Seasonal/ Temporary

If Employed:

Place of employment: _____

Company Phone #: _____

Length of Time at Current Residential Address: _____

Please check one of the following:

Would you have an animal alter by choice?

YES

NO

Do you plan to allow this animal to have puppies/kittens?

YES NO

Have you ever given a pet away or placed a pet of yours up for adoption?

YES NO

We understand the need to pre-home dogs. This is just for informational purposes.

If yes, what was the reason?

If you do have pets:

Are your pets current on vaccinations?

YES

NO

Who is your veterinarian?

Vet Name: _____

Vet Address: _____

Vet Phone Number: _____

Are you willing to provide the animal you are interested in fostering with medical care if needed per a veterinarians advices?

YES

NO

Are you willing to take this animal to obedience training classes if necessary?

YES

NO

What interests you about this animal? _____

What kind of activities do you plan to conduct with this animal?

Examples: (Walks, hiking, playing, etc.) _____

Are you willing to allow a representative of the Tri Cities Animal Shelter & Control Services to come to your home and conduct a "Home Inspection" for approval to foster the animal?

This would be conducted before you are informed whether you have been approved or denied for foster.

YES

NO

Continued...

References:

Name

Phone Number

PLEASE READ THE FOLLOWING CAREFULLY

I certify the above information provided has been completed accurately and truthfully. I authorize the Tri Cities Animal Shelter & Control Services to contact my veterinarian/s, any references, and property owner/s if needed. I further understand at any time in the foster proceedings during or after, if for any reason, the Tri Cities Animal Shelter & Control Services has the right to revoke foster privileges, void the foster and require the immediate return of the foster animal to the shelter's facility. I understand the animal is the property of the Tri Cities Animal Shelter & Control Services until an adoption is to take place.

Signature: _____

Date: _____

Printed Name: _____

STAFF USE ONLY

Verification of Landlord Approval

Veterinarian Verification

Home Check

Additional Notes: