



Tennessee

**Division of Public Service and Neighborhoods
Memphis Animal Services
3456 Tchulahoma Road
Memphis, TN 38118-2710
Phone: (901) 363-1416
FAX: (901) 362-6876**

APPLICATION FOR FOSTER CARE SERVICES

The information requested on this form is needed to initiate the applicant review process and to assist in determining the applicant’s eligibility for foster care services with the City of Memphis Animal Services. The information provided will be used by the Memphis Animal Services solely for this purpose and will be subject to verification. Eligibility for foster care services is considered without regard to race, color, religion, gender, nationality, age, sexual orientation, disability, marital or veteran status, or any other legally protected status. Applying to foster an animal does not obligate you to take in an animal from Memphis Animal Services, nor does it obligate Memphis Animal Services to place an animal within your care. Additional training , orientation, and/or approval may be required.

Please provide the requested information accurately and completely. Please print in ink or type.

Name: _____ **Date:** _____

Home Address _____ **City** _____ **State** _____ **Zip Code** _____

Home Phone: _____ **Business Phone** _____ **Cell Phone** _____

Email Address (optional): _____

Emergency Contact: _____ **Phone:** _____

Employer: _____ **Occupation:** _____

Work Address: _____ **City** _____ **State** _____ **Zip Code** _____

Additional paper may be used if additional space is required.

1. Have you ever been convicted of or plead guilty to any crime(s)? Yes [] No []
If yes, describe each in full: _____

2. Have you ever been refused participation in any City of Memphis volunteer program? Yes [] No []
If yes, describe each in full: _____

3. Do you have any allergies/health problems that may prevent you from caring for an animal in your home?
Yes [] No [] If yes, explain _____

4. Do you have any special certifications (i.e. CPR, Medical, etc.): _____

5. Special professional training, skills or hobbies? _____

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6. Previous or current volunteer experience: _____
7. Describe history of pet ownership or previous experience with animals: _____

8. Have you fostered dogs/cats before? Yes [] No [] If yes, please describe when, for whom, and what type? _____

9. Do you have any experience working with dogs/cats with behavioral issues? Yes [] No []
 Crate training [] Chewing [] Pulling on leash [] Anxiety []
 House training [] Digging [] Leash aggression [] Other _____
10. Do you currently have veterinary care? Yes [] No [] If no, you will need one to foster animals for Memphis Animal Services. If yes, please list name of Clinic/Hospital _____
11. Please list all persons living in your home and their ages if under 18 years of age.

12. Do you have a fenced yard? Yes [] No [] If yes, what height is it and is it secure in all areas of yard? _____
13. Do you reside in a: House [] Apartment [] Condo [] Other _____
14. Do you have any pets in your household currently? Yes [] No [] If yes, please list below.
- | Breed | Sex | Age | Spayed/
Neutered | Current on all vaccines |
|-------|-------|-------|---------------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
15. Are all pets in your residence accepting of other/new animals? Yes [] No [] Unknown []
16. Will your foster pet have a safe place away from your current pets? Yes [] No []
17. Where will your foster pet be kept? _____

18. How will you exercise your foster pet? (walk, run, fenced yard playtime, etc.)

19. If your foster pet becomes lost you **MUST** inform Memphis Animal Services Foster Care Coordinator immediately, what else will you do to find your lost foster pet?_____

20. What size, age, sex, or breed do you prefer to foster?_____

21. What energy level do you prefer?_____

22. The average length of time for a foster pet to live in your home is 2-3 months. Are you able/willing to foster for this length of time? Yes [] No [] If no, how long a period of time are you able to foster at a time? _____

23. Are you willing to foster Pit Bulls with additional support/training? Yes [] No []
If yes, do you have experience with the Pit Bull breed? Please list_____

24. Are you willing/able to foster a pet with upper respiratory infection, kennel cough, or skin disorders?
Yes [] No []

25. Are you willing/able to foster a pet that is not house broken? Yes [] No []

26. Are you willing/able to foster a pet that needs additional training and TLC? Yes [] No []

27. Are you willing/able to foster litters of puppies/kittens? Yes [] No []

28. Can you accept that not all animals will survive or be able to be placed for adoption and may have to be humanely euthanized? Yes [] No [] Only Memphis Animal Services will make this decision on disposition and reserves the right to make this decision based on health and temperament exams at any time.

Please list three (3) references, at least one (if possible), which have knowledge of your participation in a foster care program. Please use back of form and include Name, Phone number and/or Email address.

Anyone interested in adopting one of your foster pets (including yourself) will be subject to the normal adoption procedures set in place by Memphis Animal Services.

Memphis Animal Services takes all precautions available to screen animals for foster care placement. Memphis Animal Services makes no guarantees to the animals' health, actions, or behaviors.

I understand that I will be accepting foster care animals at my own risk and can reject/return any animal at any time. I also understand that all expenses, medical or otherwise are my responsibility. I indemnify and hold Memphis Animal Services and the City of Memphis free and harmless from any and all liability arising out of any and all claims, demands, losses, damages, actions, judgments, of every kind and description which may occur to or be suffered by me, members of my household, or any third party by reason of activities arising out of the agreement.

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The applicant hereby acknowledges that a background check is required by the City of Memphis for the sole purposes of determining the applicant's eligibility to provide his or her foster care services. Accordingly, the applicant hereby makes the following statement of his or her own will and voluntarily provides the following information.

Drivers License No.: _____ Date of Birth: _____
Gender: _____ Height: _____ Weight: _____
State of birth: _____ Social Security No: _____

Do you have any criminal charges pending? Yes [] No [] If yes, explain:

As a condition of fostering, I hereby authorize the City of Memphis ("City") and its designated agents, to obtain criminal background reports and/or investigative reports (personal/professional reference checks) about me for the purpose of evaluating me as a foster care parent on behalf of the City of Memphis. I hereby acknowledge that the City of Memphis may obtain such information at any time prior to, or during, my participation as a foster care parent, without giving me any additional notice.

I FURTHER AUTHORIZE ALL PERSONS, CURRENT AND FORMER EMPLOYERS, SUPERVISORS, COWORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, ENTITIES, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, CRIMINAL JUSTICE, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING WITHOUT LIMITATION, ANY CRIMINAL RECORDS.

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsified statements included herein shall be considered sufficient cause for denial or dismissal whenever discovered.

I certify that I have read and understand this entire document, including the foregoing AUTHORIZATION, and I agree that a copy of this document is as valid as the original.

Applicant's Signature _____
Date

(For Animal Services use only)

Approved: _____ Criteria applied: _____

Denied: _____ *Justification: _____

By: _____
Animal Services Administrator _____
Date

**Only attach to this application a copy of the background check that reveals any convictions of this applicant.*