



CITY OF PASADENA ANIMAL SHELTER

FOSTER APPLICATION

5150 Burke Road, Pasadena, TX 77504
pasadenashelter.com



Fosters change and save lives, so we appreciate your interest in becoming involved. We have certain requirements to ensure the safety and well-being of our pets in foster homes. Submitting this application does not guarantee approval, nor does it guarantee the availability of a specific animal. Primary applicants must be at least 18 years old. Please answer all questions.

CONTACT INFORMATION

- 1.) First & Last Name:
- 2.) Email Address:
- 3.) Phone Number: Alternate Phone Number:
- 4.) What is your preferred method of contact?
 - Email
 - Phone
- 5.) Home address, including city and zip code:

FOSTER INTERESTS

- 6.) Preferred Pet ID: Second Choice Pet ID:
- 7.) Now or in the future, I am willing to foster:
 - Cats & kittens
 - Dogs & puppies
 - Either
 - Only the pets listed above
- 8.) If needed, do you have special approval to keep a pet in your home?
 - Yes
 - No
 - Not applicable



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9.) Specifically, my household is able to foster: *(check all that apply)*

- A pregnant cat
- A nursing cat and her litter
- Kittens: 0 – 4 weeks of age
- Older kittens: 4 – 10 weeks of age
- An adult cat
- A senior cat
- A cat or kitten recovering from an injury or surgery
- A cat or kitten receiving treatment for an upper respiratory infection
- A cat or kitten receiving treatment for ringworm
- A cat needing behavioral modification

10.) Specifically, my household is able to foster: *(check all that apply)*

- A pregnant dog
- A nursing dog and her litter
- Puppies: 0 – 4 weeks of age
- Older puppies: 4 – 10 weeks of age
- An adult dog
- A senior dog
- A dog or puppy recovering from an injury or surgery
- A dog or puppy receiving treatment for an upper respiratory infection
- A dog or puppy receiving treatment for ringworm
- A dog needing behavioral modification

11.) Have you ever fostered for us?

If yes, when?

- Yes
- No

12.) Are you currently fostering for an organization?

- Yes
- No

13.) Are you currently caring for any stray pets?

- Yes
- No

14.) Will the foster live primarily indoors?

- Yes
- No



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HOUSEHOLD INFORMATION: PETS & PEOPLE

15.) Do you have any pets of your own?

- Yes—Cats
- Yes—Dogs
- Yes—Other
- Yes—A mix of pets
- No

16.) List all pets, including pet type, age, sex, breed (if applicable), and the date of last rabies vaccination.

17.) Provide the name and phone number of your veterinary clinic.

18.) Describe how you will keep your foster pet separate from your other pets, if necessary.

19.) Does anyone in your home have known pet allergies?

- Yes
- No

20.) Does everyone in your home want to foster?

- Yes
- No

21.) List the names and ages of all people in your home. Indicate how these people will be involved in fostering, if at all.

22.) How many hours will the pet be home alone, and where will it stay during this time?

23.) Where will the pet sleep at night?



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EXPERIENCE

- 14.) Detail your previous experience with animals.

- 15.) In the event you need to house train, please describe how you will do this.

- 16.) Do you plan to crate train?
 - Yes
 - No

- 17.) Please describe what you will do if your foster pet is not getting along with your existing pet(s).

I certify that the above information is true. False or incomplete information may result in nullifying my foster status, if it is granted.

Signature

Date

Thank you! Please submit this completed application in person at the Animal Shelter or email it to adoptions@pasadenatx.gov with the subject line "Foster Application." We will be in touch within three business days. If for any reason you have not heard from us by the fourth business day, contact Sarah Garcia at shgarcia@pasadenatx.gov. We look forward to your involvement in the program.

Staff Comments:

