



1125 EASTERWOOD DRIVE • TALLAHASSEE, FLORIDA 32311
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TRANSFER APPLICATION FOR THE TLCASC

The purpose of the Transfer Application and registration process is to determine the qualifications and suitability of non-profit organizations, to become recipients of animals transferred from the Tallahassee-Leon Community Animal Service Center (TLCASC) into temporary foster care until an Adopter is found. Please complete this application with care because the information you provide, under the guidelines of the TLCASC Transfer Policy, will help us determine whether you are eligible to register as a Transfer Group with the TLCASC. Incomplete applications will not be reviewed. Applications submitted with false information will be disqualified. Anyone who intentionally submits false information will be permanently barred from the TLCASC Foster Registration Book. Every applicant must comply with the Transfer Policy and Procedure of the TLCASC.

DATE _____

NAME of LEGITIMATE REPRESENTATIVE _____

ANIMAL WELFARE GROUP OR PLACEMENT PARTNER _____

ADDRESS (where animal will be housed) _____

CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ (CELLULAR) _____

DRIVER'S LICENSE NUMBER _____ STATE _____ **(Copy of the Driver's License is mandatory)**

DATE OF BIRTH _____ EMAIL ADDRESS _____

1. Have you read, and do you fully understand the contents and every article of the TLCASC Transfer Policy including article 4.13 (home inspection)?

YES _____ NO _____ (If not please obtain clarification before continuing)

2. Why does your organization want to become a Registered Transfer Partner with the TLCASC?

3. In what types of dwellings will the transferred animals be kept? Describe the types of containment, buildings and the environment your organization allows for housing animals, (inside and outside), including the sheltering provided: _____

• If your foster parents rent or lease, do their landlord allow pets? YES _____ NO _____ if yes do you request a copy of the leasing contract for each foster parent YES _____ NO _____

4. In the past five years, how many and what types of pets has your animal welfare group fostered or accepted for transfer.

• Were any pets in your care (CIRCLE ALL THAT APPLY)

If yes, was the pet recovered?

Lost?	YES	NO	_____
Hit by cars?	YES	NO	
Die due to illness?	YES	NO	
Die due to old age?	YES	NO	
Given away?	YES	NO	
Surrendered to an animal shelter?	YES	NO	

5. Describe your policy on the number of pets allowed per foster home?

6. What type of pets would you like to transfer?

	DOGS	CATS	OTHER
ADOPTABLE			
INFANT			
MEDICALLY NOT ADOPTABLE			

7. Which veterinarian(s) do you use? If you use different vets, explain why:

8. If you are approved to transfer an infant and/or a medically not adoptable animal, describe your plan of action to provide required care:

9. Explain your strategy to ensure that your foster parents have sufficient knowledge and experience to properly care for infant or medically not adoptable animals:

10. **Please attach to this application your organization’s foster policy, application and contract, copy of your charter as a non-profit organization 501 (c) (3) and the demographic information for each person allowed to transfer animals from TLCASC.**

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I _____, legitimate representative of _____
_____, attest that all of the information I have provided on this application is accurate and true. I have read and understand the TLCASC Transfer Policy and Procedures, and I agree to honor all of the rules and regulations listed therein. Furthermore I will abide by all of the terms set by every individual transfer Agreement made between the TLCASC and my organization.

(APPLICANT'S SIGNATURE)

(DATE)

*THIS SECTION IS TO BE COMPLETED BY THE TLCASC MANAGEMENT TEAM

NAME OF APPLICANT _____ DATE _____

APPLICANT INTERVIEWED BY and/or APPLICATION REVIEWED BY:

_____ DATE _____
DATE _____
DATE _____

COMMENTS _____

APPLICATION APPROVED _____ APPLICATION DENIED _____

APPLICANT IS APPROVED TO FOSTER THE FOLLOWING TYPES OF ANIMALS ONLY:

ADOPTABLE _____ INFANT _____ MEDICALLY NOT ADOPTABLE _____

TLCASC ASSISTANT MANAGER/DESIGNEE

DATE

TLCASC MANAGER SIGNATURE

DATE