



City of Dallas
APPLICATION FOR APPROVAL AS
A FOSTER CARE PROVIDER OF DOGS/CATS



This Application as an approved foster care provider is submitted pursuant to Section 7-4.6 of the Dallas City Code.

APPLICANT'S NAME: _____

ADDRESS: _____
 Number Street Apt./Suite No.
 Dallas TX
 City State Zip Code

MAIN TELEPHONE NUMBER: _____

SECOND TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

CURRENT NUMBER OF FOSTER CARE ANIMALS: _____
 MAXIMUM NUMBER OF CATS TO BE FOSTERED AT ANYTIME: _____
 MAXIMUM NUMBER OF DOGS TO BE FOSTERED AT ANYTIME: _____
 NUMBER OF CATS PERMANENTLY HARBORED ON THE PREMISES: _____
 NUMBER OF DOGS PERMANENTLY HARBORED ON THE PREMISES: _____
 APPROXIMATE LOT SIZE OF THE PREMISES: _____
 APPROXIMATE SQUARE FOOTAGE OF DWELLING UNIT: _____
 ANIMAL WELFARE ORGANIZATION WITH WHICH YOU ARE AFFILIATED: _____

 CONTACT PERSON WITH THAT ORGANIZATION: _____
 CONTACT PHONE NO.: _____ CONTACT EMAIL: _____

I understand that providing false or misleading information on this Application may result in the denial or revocation of my approval as a foster care provider status under Section 7-4.6 of the Dallas City Code. I hereby certify and affirm that all information furnished is true and correct to the best of my knowledge.

 Signature of Applicant Date

THE APPLICATION HAS BEEN APPROVED TO FOSTER THE FOLLOWING NUMBER OF FOSTER ANIMALS AT THE ADDRESS LISTED ABOVE:
MAXIMUM NUMBER OF CATS FOSTERED AT ANY TIME: _____
MAXIMUM NUMBER OF DOGS FOSTERED AT ANY TIME: _____
 Issued this _____ day of _____, 20____.

 Director or Authorized Agent

