



Foster Care Application

What type of animal(s) would you like to foster?

- | | | |
|---|---|---|
| <input type="checkbox"/> Injured cats | <input type="checkbox"/> Injured dogs | <input type="checkbox"/> Little critters |
| <input type="checkbox"/> Sick cats | <input type="checkbox"/> Sick dogs | <input type="checkbox"/> Rabbits |
| <input type="checkbox"/> Pregnant cats-mothers with kittens | <input type="checkbox"/> Pregnant dogs-mothers with puppies | <input type="checkbox"/> Guinea Pigs |
| <input type="checkbox"/> Underage kittens | <input type="checkbox"/> Underage puppies | <input type="checkbox"/> Ferrets |
| <input type="checkbox"/> Bottle-fed kittens | <input type="checkbox"/> Bottle-fed puppies | <input type="checkbox"/> Rats |
| <input type="checkbox"/> Injured kittens | <input type="checkbox"/> Injured puppies | <input type="checkbox"/> Mice |
| <input type="checkbox"/> Sick kittens | <input type="checkbox"/> Sick puppies | <input type="checkbox"/> Hamsters/Gerbils |
| <input type="checkbox"/> Unsocial cats | <input type="checkbox"/> Unsocial dogs | |

Please Print

Name _____ Date _____

Address _____

City _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Number of children at home _____ and their ages _____

Do you rent or own your home? _____ If you rent, does your lease allow animals? _____

If you rent or reside in another person's home, your landlord/home owner must be contacted prior to fostering an animal. A copy of your lease or written permission to bring a foster animal into the residence must be presented at the time of orientation/interview.

Do you have a fenced yard? _____ What type of fence? _____ How high? _____

Please describe the area where the foster animal(s) will be kept:

Please list below any pets currently residing in your household:

Breed	Sex	Age	Spayed or Neutered

Your pets must be current on all vaccinations. We recommend isolating the foster animal from your pets for a minimum of 14 days



Foster Care Home Agreement

I, _____, wish to serve as a foster care provider for animals in need from the Second Chance Center. By becoming a foster care provider, I agree to the following:

1. I may provide the Second Chance Center with information about my preferences for receiving foster care animals, which may include specifying the species, ages, sexes, spay-neuter status, temperament or other preferences to assure that I am comfortable with fostering a specific animal or animals.
2. The Second Chance Center may, in its sole and absolute discretion, determine which animals I may foster at any given time.
3. I agree to learn as much as possible about an animal before agreeing to foster it, including the reason it was surrendered, as well as any specific issues with temperament or medical conditions. I will only agree to foster an animal if I can provide this animal with the appropriate amount of care, time, emotional and physical support it requires during the foster period.
4. If I am unable to care for the animal for the duration of the designated foster care period, I will immediately notify a Second Chance staff member and return it to the Second Chance Center.
5. If, for any reason, the Second Chance Center requests the immediate return of the animal, I agree to make arrangements to bring the animal back to a staff member within 24 hours.
6. If the animal/s should need medical care while in my custody, I will notify the staff at the Second Chance Center for instructions on where I should take the animal.
7. If I wish to obtain veterinary, behavioral, grooming or other services elsewhere, I must first obtain the advance consent of a member of the Second Chance Center staff; I will be fully responsible for all such costs.
8. I will not allow any other person, organization or entity to take custody of any foster animal in my care, to include temporary boarding, without the advance consent of The Second Chance Center.
9. To minimize the chance of disease transmission, I will isolate the foster animal from any of my own pets in my home for a minimum of 14 days, if requested.
10. I understand that all foster animals in my care remain the exclusive property of the Second Chance Center, and that the Second Chance Center retains the exclusive right to temporarily place, adopt out, or otherwise require the return of the animal to them at any time.

Foster Provider Name (please print) _____

Foster Provider Signature _____ **Today's Date** _____

Address where animal(s) will be kept _____

AM Phone _____ **PM Phone** _____ **E-Mail** _____