

## **Second Chance Dogs Foster Application**

www.secondchancedogs.net

# **OUR MISSION**

TO RESCUE, REHABILITATE AND RE-HOME ABANDONED, ABUSED, NEGLECTED AND FORGOTTEN DOGS INTO LOVING FOREVER HOMES.

- 1. We reserve the right to approve or deny any application and the right not to disclose the reason.
- 2. You must be at least 18 years old to apply for foster or adoption.
- 3. We reserve the right to visit the home where the dog will be residing prior to foster or adoption.
- 4. All family members living in the prospective home must meet the dog prior to foster or adoption.
- 5. We do not allow any dogs to be chained, tied up, locked in a garage or crated for 5+ hours.
- 6. Our dogs are "family" dogs. We do not allow our dogs to be "outside only".

### PLEASE INCLUDE PICTURES OF THE INSIDE AND OUTSIDE AREAS OF YOUR HOME (YARD/PATIO)

#### HOME AND FAMILY

HOME AND LAMIET								
NAME:								
HOME ADDRESS:								
CITY:	STATE: ZIP CODE:							
MAILING ADDRESS:								
CITY:	STATE: ZIP CODE:							
HOME PHONE:	CELL PHONE:							
EMAIL:								
APARTMENT? HOUSE? TOWNHOUSE	E?							
OWN? RENT? IF RENTING, LANDLORD A	APPROVED A DOG? YES NO							
RESTRICTIONS FROM LANDLORD? YES NO IF SO, PLEASE EXPLAIN:								
LANDLORD'S CONTACT INFO?								
HOMEOWNER ASSOCIATION RESTRICTION ON PETS	S? YES NO IF SO, PLEASE EXPLAIN:							
DO YOU HAVE A FENCED YARD? YES NO	OUTSIDE YES NO							
	SHELTER?							
SIZE OF FENCED AREA	FENCE HEIGTH							
	•							

APPROXIN EACH DAY		OW MAI	NY HOU	JRS WILL	. YOUR F	OSTER DO	G BE ALC	)NE						
IS THERE S	SOMEON	IE HOMI	E DURI	NG THE	DAY AN	ID/OR NIG	HT?							
WHERE W	/ILL THE	FOSTER	DOG S	TAY DUI	≀ING TH	E DAY?								
DURING THE NIGHT?														
HOW DO	YOU INTI	END TO	KEEP F	OSTER [	OGS SA	AFE WILE Y	OU ARE	AWAY I	FROM HO	)ME?				
HOW DO	YOU INT	END TO	ADJUS	T FOSTE	R DOGS	TO YOUR	HOME?							
					PETS C	URRENTL	Y LIVIN	G WITH	1 YOU					
WHAT KIN	NDS OF P	ETS ARE	LIVING	G IN THE	HOUSE	NOW?								
2000		::O\A/ N/	* * * ! \/ `	• • • • • • • • • • • • • • • • • • • •		ACE/a).			555461	=/c\		• CE/a).		
DOGS CATS				MALE(S) MALE(S)		AGE(s):			FEMAL FEMAL			AGE(s): AGE(s):		
OTHER		HOVV IVI	AINI: i	VIALL(3)		AGE(S).			FEIVIAL	E(3)		AGE(S).		
BREED(S)	OR BREE	D MIX(F	 ES)?											
NEUTEREI			NO		SPAYED	? YES		NO	N	1ICRO(	CHIPED?	? YES	NO	)
HAS ANY (	OF YOUR	DOG(S)	) EVER	BEEN FC	OD AG	GRESSIVE?	?	TOY A	AGGRESSI	VE?	D	OG AG	GRESSIVE?	
IF SO, PLE	ASE DES	CRIBE SI	TUATIO	ON(S):										
DESCRIBE	YOUR PE	ETS' TEN	/IPERA	MENT /	PERSON	ALITY:								
IF NO PET	S AT THIS	S TIME,	HAVE '	YOU EVE	R OWN	ED A PET?	YES	;	NO					
IF YES, WHAT METHODS OF TRAINING														
HAVE YOU	J USED:													
IF YOU HA		-												
INFORMA	-													
PLEASE DI	ESCRIBE `	YOUR EX	(PERIE	NCE.										

HAVE YOU FOSTERED ANIMALS BEFORE?		
IF YES, FOR HOW LONG AND		
FOR WHOM?		
PLEASE TELL US WHY YOU WISH TO BECO A FOSTER HOME FOR SCD.	ME	
*****		
PLEASE INCLUDE YOUR KNOWLEDGE AND EXPERIENCE WITH ANIMALS.		
_		
HEALTH /	AND WELLNESS (Vet references	are checked)
VET USED FOR ROUTINE		
CARE:		
CARE.		
ADDRESS:	STATE:	ZIP CODE:
ADDRESS: CITY:	STATE:	ZIP CODE:
ADDRESS: CITY: PHONE NUMBER:	STATE:	ZIP CODE:
ADDRESS: CITY: PHONE NUMBER: EMERGENCY VET:	STATE:	ZIP CODE:
ADDRESS:  CITY: PHONE NUMBER: EMERGENCY VET: ADDRESS:	STATE:	ZIP CODE:
ADDRESS: CITY: PHONE NUMBER: EMERGENCY VET: ADDRESS: CITY:		
ADDRESS: CITY: PHONE NUMBER: EMERGENCY VET: ADDRESS: CITY: PHONE NUMBER:		
ADDRESS: CITY: PHONE NUMBER: EMERGENCY VET: ADDRESS: CITY: PHONE NUMBER:	STATE:  GENERAL INFORMATION	
ADDRESS: CITY: PHONE NUMBER: EMERGENCY VET: ADDRESS: CITY: PHONE NUMBER:  ARE YOU WILLING TO FOSTER A SICK OR S	STATE:  GENERAL INFORMATION	
ADDRESS: CITY: PHONE NUMBER: EMERGENCY VET: ADDRESS: CITY: PHONE NUMBER:  ARE YOU WILLING TO FOSTER A SICK OR	STATE:  GENERAL INFORMATION	
ADDRESS: CITY: PHONE NUMBER: EMERGENCY VET: ADDRESS: CITY:	STATE:  GENERAL INFORMATION	

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<u> </u>	<del></del>								
DOG PREFERENCE									
BREEDS YOU	BREEDS YOU WILL CONSIDER?								
BREEDS YOU WILL NOT CONSIDER?									
MALE	FEMAL	E /	ANY	AGE RANG	AGE RANGE?				
HAIR LENGTH	H: SHOR	₹T	MEDIUM	LONG		ANY			
DOG'S SIZE	TOY	SMALL	MEDIUM	LARGE	GIANT	ANY		WEIGHT:	
Please provide two personal references									
Name:				Em	nail:				
Dhana 1.				Dh	000 21				

Nume.	Linan.
Phone 1:	Phone 2:
Name:	Email:
Phone 1:	Phone 2:

## **Terms of Foster**



I/We commit to:

Keep the dog in my personal possession and provide proper and sufficient food, water, shelter, grooming, and humane treatment always. Keep and care for the dog in a safe manner

If the dog becomes ill or injured, contact Second Chance Dogs (SCD) immediately to determine what veterinary care is needed. Request and receive pre-approval for veterinary care and reimbursement

Obey all animal control regulations governing the area in which I live. It is my responsibility to be familiar with and understand these laws.

If renting. I will show proof of landlord approval.

Agree to contact SCD if I must relinquish custody and explain the reason. This includes release to family members, friends, etc. I agree to give SCD a reasonable amount of time (no less than 72 hours) to find another foster home. Relinquishing the dog to a shelter is a breach of contract and can result in legal action.

Foster home agrees to allow SCD to make a visit of the living conditions of the dog. If the conditions of the foster home are not meeting the needs of the dog, foster agrees to make the necessary changes.

I will assume full responsibility for this dog's actions, including any damage done by the dog if basic guidelines are not followed which include

- no indoor smoking
- no dog parks for foster dogs
- dogs must be on a leash when being walked outside. Off leash in a fenced yard is okay
- no dogs allowed on chains
- **NEVER** confine a dog in a room with a closed door
- Allow at least 10 days for foster dog to adapt before exposing to others

I understand the temperament, health, habits and physical condition of the dog cannot be guaranteed. I am in full agreement of these terms. Second Chance Dogs is held harmless and not liable or responsible for any damage, accident, or injury resulting from the placement of this dog into my household.

Completion of this form is required. It DOES NOT guarantee foster acceptance. All applications will be reviewed by the Board.

Signature & Date:							
Address:		Phone					
SCD Rep	_Date						