

Second Chance Animal Shelter, Inc.

P.O. Box 136, 111 Young Road, East Brookfield, MA 01515

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www.secondchanceanimals.org

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Foster Home Application

Name: _____

Address: _____

City/State/Zip: _____

Telephone (home): _____ (work): _____

Is it okay to contact you at your work telephone: Yes No

Fax (if any): _____ Email: _____

FAMILY INFORMATION

This information is important to us to try and ensure that your foster pet is a suitable match for your family / home.

Adults: _____ Children: _____ Ages of children: _____

Dogs: _____ Cats: _____ Other Pets: (list types) _____

Do you have other children or pets that regularly come to your home? Yes No

Explain circumstances (ie babysit): _____

What type of residence do you have? _____

Do you: Own Lease Rent

If you rent, do you have the landlord's permission to foster a pet? Yes No

Name / Telephone of Landlord: _____

Do you have a fenced in yard? Yes No What height? _____

FOSTERING INFORMATION

Do you have any special requirements/circumstances that we should be aware of?
(health issues, schedules, etc.) _____

Do you have time limit on how long you can foster a particular pet? Yes No

If so, how long? _____

Are there any times of the year that you could not foster? Yes No

If so, when? _____

Would you be interested in bringing the pet to adoption events? Yes No

Would you be agreeable to a home visit by one of our volunteers? Yes No

What type of pets do you want to foster? Dogs Cats Both Other

If you are interested in fostering cats, please fill out the following:

Do you want to foster (circle all that apply) :

Adults Kittens Pregnant Nursing Moms Rehab/Special Needs

Do you have a place to keep the cat(s) separated from your own pets? Yes No

Please explain: _____

If you are interested in fostering dogs, please fill out the following:

Are there any breeds that you particularly want to foster? _____

Are there any breeds that you would not want to foster? _____

How long will dog be left alone during the day? _____

Where will the dog be while you are not home? _____

If necessary, would you be able to check on the dog during the work day? Yes No

How do you plan to exercise the dog? (ie leash walk, fenced yard):

Do you have any experience with dog training? Circle all that apply:

Housetraining Crate Training Obedience Training Behavioral

Would you be willing to take a dog to obedience training if needed? Yes No

If a foster dog and your other pets are not getting along, what would you do?

Please note that all pets that you currently have in the home must be up to date on their vaccinations and be spayed or neutered to be considered for fostering. If there is a medical reason why this is not done, please specify reason:

Please list the name of your veterinarian and their phone number:

Please read and certify the following:

By signing this form, I certify that all the information in this application is true, and I understand that false information may void this application. I agree that upon fostering a pet for Second Chance Animal Shelter, I will agree and abide by their foster agreement and shelter policies.

Signature

Date