



DOG FOSTER CARE APPLICATION/CONTRACT

Foster Dog Name _____	SCP ID# _____
Description/Breed _____	

FOSTER APPLICANT INFORMATION (please print legibly):

Second Chance Pets (SCP) strives to place dogs in compatible homes by matching traits exhibited by the dog with the fostering person(s) home environment. So that the best interests of the dog are served, **SCP reserves the right to refuse to place a dog with any foster.**

Have you previously applied to or adopted from SCP? No Yes Name and breed of dog _____

Name of Person Applying to Foster: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

E-mail: _____

Applicant between 25 and 75 years old? No Yes

Name of Employer: _____ Work Phone # _____

Name of Spouse: (please print) _____

Cell Phone #: _____ E-mail: _____

Name of Employer: _____ Work Phone # _____

RESIDENCE INFORMATION:

Number of adults in household? _____ Number of Children? _____ Ages of Children? _____

Does anyone have known pet allergies? _____ Explain: _____

Do you Own Rent Do you live in a: House Condo Apartment Townhouse Trailer Home

Do you have a yard? No Yes If yes: Partially Fenced Completely Fenced Open Pool/Pond

Do you have poisonous plants in any area where the dog will be kept? No Yes

Fence Type: Wood Chain Link Wrought Iron Other: _____ Fence Height: _____

If you do not own, do you have the Landlord's/owner's permission to have a pet? No Yes

Landlords/owner's name: _____ Phone #: _____

Have all adults in the household been consulted and do they agree to this foster opportunity? No Yes

ANIMAL CARE INFORMATION:

Who will be responsible for care of this dog? _____

Where will this dog be kept during the day? _____ At night? _____

How many hours on most days will this dog be left alone? _____

If crated or kenneled, how many hours per day? _____ What size crate/kennel? _____

How will you keep this dog confined? (Mark all that apply)

House Chain Kennel Garage Fence Patio Leash Crate Other: _____

Is a family member usually at home during the day? No Yes Who? _____

How often and where will you exercise this dog? _____

You will have to house train a new puppy or some adult dogs. Please explain your method of house training?

How will you discipline this dog? _____

List pets which you currently have in your household:

Name	Pet's Breed/Species (Dog breed or pet species if not a dog)	Dog's Weight	Dog's Sex? M/F	Dog's Age?	Vaccines Current? Y/N	Spayed or Neutered? Y/N	Where is Pet kept?

FOSTER CARE CONTRACT:

Please INITIAL each statement indicating your concurrence.

____ I understand that I am fostering a stray or abandoned animal and therefore, Second Chance Pets cannot guarantee the health, temperament, breed, age or adult size of the pet.

____ I understand that in the event of a natural disaster such as a hurricane or other event I will be responsible for my foster pet during an evacuation & will provide him/her a safe place during the evacuation. If I am unable to do so I will contact an SCP Representative as soon as possible.

____ I understand that I must arrange for any veterinary care services through SCP in advance should the need arise. I acknowledge that SCP will not reimburse me for veterinary services that were not explicitly authorized through SCP.

____ I acknowledge that I do not have any right or authority to keep or place foster animals in other homes without approval from SCP. If I am no longer able to care for the pet, a 2-week advance notice is required in order for Second Chance Pets to have time to arrange another foster home. I must notify SCP at pets2adopt@yahoo.com.

____ I hereby release, indemnify and hold harmless Second Chance Pets from liability of injury, illness or damages to persons, animals, or property arising out of this foster care arrangement.

____ I acknowledge receiving the animal(s) described & agree to provide foster care including quality food, fresh water, shelter, humane treatment and to administer supplied medications as required.

____ I agree that SCP representative(s) can visit my home to ensure the well-being of the dog with or without prior notice.

____ I agree to comply with state and local ordinances concerning pet licensing for my foster.

____ I understand that the animal remains the sole property of SCP & I agree to return the animal to SCP upon request.

____ I am willing to show proof of pet deposit (if required) and that the dog does not violate the breed/weight restrictions of my apartment complex or house sub-division.

I certify that ALL of the above information is correct on this Foster Care Application and Contract.

Signature of Dog Foster Care Applicant: _____ Date: _____

Print Name: _____ TX Driver's License # _____

<p>FOR SCP USE ONLY: Foster Applicant <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason for denial: _____</p> <p>SCP Counselor: _____ Date: _____</p> <p>Printed Name _____</p> <p>Comments: _____</p>
