

# Second Chance Animal Shelter, Inc.

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

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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