

## **Dog FOSTER APPLICATION**

Thank you so much for your interest in becoming a foster parent for **Second Chance Animal Rescue.** Foster parents provide stray, abandoned and unwanted dogs and puppies a bridge between their unhappy pasts and permanent, loving adoptive homes. Please take a few minutes to complete the following application and then email to <a href="mailto:tracy@secondchanceanimalrescueva.org">tracy@secondchanceanimalrescueva.org</a>. A volunteer will be in touch with you shortly after receiving your completed application.

Please Print

| City  |   |  |   |               |
|---|---|--|---|---------------|
|   |   | StateZIP   |   |               |
| Home Phone  | Home Phone Work P                       |  | Email   |               |
| low did you hear about Second   | Chance Animal Rescue? _                 |  |   |               |
| low long have you been at your  | present address?                        | Do you cor   | nsent to a home visit, if required? 🗖 Ye                    | s 🖵 No        |
| Are you planning to move in the   | next 6 months? $\square$ Yes $\square$  | No   |   |               |
| Do you ☐Rent* ☐Own ☐Apar  | tment* 🗖 House* 📮 Cond                  | do/Co-op* 🖵 Live   | e with parents 🗖 Other                                      |               |
| Name and phone number of lar  | ndlord/complex/property                 | manager:   |   |               |
| Do you have your landlord/comp  | olex/co-op's permission to              | have a pet/pets  | ? □Yes □No  |               |
| NOTE: YOUR LANDLORD'S WRIT  | TEN PERMISSION OR A CO                  | PY OF YOUR LEAS  | SE OR CONDO/CO-OP DOCUMENTS MA                              | Y BE REQUIRED |
| How many adults are in your hou   | usehold? Children                       | ?Ages: _   |   |               |
| Are family members aware that   | you are considering foster              | ring a dog? 🖵 Yes  | s <b>□</b> No   |               |
|   |   |  |   |               |
| Please list all pets you currently  | have in your household or               | have had in the  | ast 5 years   |               |
|   |   |  |   |               |
| TYPE OF PET/SEX/AGE   | NEUTERED                                | KEPT WHERE   | TIME OWNED/WHAT HAPPENED?                                   |               |
|   |   | KEPT WHERE   | TIME OWNED/WHAT HAPPENED?                                   |               |
| l   | Y/N                                     |  | TIME OWNED/WHAT HAPPENED?                                   |               |
| L   | Y/N<br>Y/N                              | IN/OUT   | TIME OWNED/WHAT HAPPENED?                                   |               |
| <u></u>   | Y/N<br>Y/N<br>Y/N                       | IN/OUT<br>IN/OUT   | TIME OWNED/WHAT HAPPENED?                                   |               |
| 1   | Y/N<br>Y/N<br>Y/N<br>Y/N                | IN/OUT<br>IN/OUT<br>IN/OUT                                     | TIME OWNED/WHAT HAPPENED?                                   |               |
| 1   | Y/N<br>Y/N<br>Y/N<br>Y/N<br>Y/N         | IN/OUT<br>IN/OUT<br>IN/OUT<br>IN/OUT                           |   |               |
| 1   | Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N         | IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT                             |   |               |
| 3   | Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N     | IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT                      |   |               |
| 1   | Y/N | IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT               |   |               |
| Please list additional pet inform   | Y/N | IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT        |   |               |
| L 2 3 4 5 7 8 7 Please list additional pet inform Do any of your own pets go outs | Y/N | IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT        | lo   Alone?  \( \bar{\textsq} \) Yes \( \bar{\textsq} \) No |               |
| TYPE OF PET/SEX/AGE  1  | Y/N | IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT | lo   Alone?  \( \textbf{Y}\) Yes \( \textbf{N}\) No         |               |

www.secondchanceanimalrescueva.org

Note: All resident dogs must be current on rabies and distemper vaccines.

| Names and phone numbers of 2 personal references who are not family members:  |  |  |  |  |
|---|--|--|--|--|
| 1   |  |  |  |  |
| 2   |  |  |  |  |
| Have you or any member of your household ever been accused (formally or informally) of abusing, harming, or neglecting an animal?    Yes   No   if yes, please explain:   |  |  |  |  |
| Whore will your foster dog be kept during the day?  |  |  |  |  |
| Please describe your current pet sitting arrangements, if any   |  |  |  |  |
|   |  |  |  |  |
| Do you understand that Second Chance Animal Rescue will pay any necessary vet work while the dog is in your care, but that the care <b>MUST BE PRE-AUTHORIZED</b> by Second Chance Animal Rescue?  \( \bullet \) Yes \( \bullet \) No   |  |  |  |  |
| Do you understand that your foster parenting responsibilities include picking up your new foster pets and transporting them to vet appointments and adoption fairs?   Yes No (Contact information, including for vet authorizations, will be provided to you when you begin fostering.)   |  |  |  |  |
| Do you understand that, should you find a person who is interested in adopting your foster dog, that person must go through the formal Second Chance Animal Rescue adoption application and approval process?   Yes  No   |  |  |  |  |
| Do you understand that you may only release your foster dog to a person who you have been advised by Second Chance Animal Rescue is an approved adoption applicant?  \(\begin{align*} \Pi \text{Yes} \equiv \text{No} \equiv  |  |  |  |  |
| What type of dog do you desire to foster? (check all that apply)  |  |  |  |  |
| ☐ The one with the most need☐ Mom & Puppies☐ Large☐ Medium☐ Small☐ The one With the most need☐ The one with |  |  |  |  |

| Questions or comments:  |       |  |  |  |
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| By signing this application, I certify that neither I, nor any other person residing in my home, have ever been convicted of animal cruelty, neglect, or abandonment. (REQUIRED BY VIRGINIA STATE LAW.) |       |  |  |  |
| Signature:  | Date: |  |  |  |