

# Second Chance Sheltering Network, Inc.



PO Box 175 | Spring Brook, NY 14140

Phone: 716.652.6051



## Foster Home Application

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do You Own Or Rent? \_\_\_\_\_ Have A Fenced In Yard? \_\_\_\_\_

Have you ever been a "foster parent" for another animal organization? \_\_\_\_\_

If so, what Organization and When: \_\_\_\_\_

What type of animal are you interested in fostering?  
(*ex. dog, cat, rabbit etc.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What ages and conditions would you like to work with?  
(*ex: older animals, shy animals, pregnant etc.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your household members and their ages:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please list all pets you currently have:

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

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Please list name, address, telephone number of your vet:

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I agree that Second Chance Sheltering Network, Inc. will determine the criteria for fostering, decide which animals will be fostered and appoint foster care providers from an approved list. I understand that once I am approved as a foster home, I may refuse any specific request for a foster animal without any explanation. I understand that Second Chance will have the right to limit the amount of foster animals in my care and can terminate "for no cause" at any time my foster care status.

Second Chance will inform me of any medical treatments to be given, the expected length of foster care needed if immediately known, the objectives of the care (restoring to health, rearing to adoptable age, etc) and any other expectations felt to be relevant.

As a foster care provider, I am expected to keep the animal safe and secure, return it to Second Chance when requested, and not promise this animal to anyone. Adoptions can only be arranged through Second Chance.

I have read, understand and agree to the above statement and would like to be considered as a foster parent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete, print and mail to:

Second Chance Sheltering Network, Inc.  
PO Box 175  
Spring Brook, NY 14140