



## PROJECT SECOND CHANCE FOSTER APPLICATION

Project Second Chance's foster program provides animals a loving, temporary place to live until they are adopted. Volunteer fosters provide care for animals in their home for the duration of their foster period. This includes feeding, socializing, medicating, grooming, and training foster animals according to the guidelines set forth by PSC. Foster parents will provide all required care to the animal(s), returning them to a PSC representative at any time upon request of PSC. PSC will provide foster parents with nearly everything their foster(s) will require, while the foster will provide the love, patience, and dedication their foster will need to prepare for a forever home and flourish. If you would like to foster with PSC, please provide the following information. After review of your application, a PSC volunteer will set up a phone interview and/or home visit to determine which animals will do best under your care.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER/OCCUPATION \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (NOT FAMILY MEMBERS):

1. \_\_\_\_\_  
NAME PHONE RELATIONSHIP YEARS KNOWN

2. \_\_\_\_\_  
NAME PHONE RELATIONSHIP YEARS KNOWN

HOW DID YOU HEAR ABOUT OUR FOSTER PROGRAM?

PLEASE DESCRIBE YOUR HOME (APARTMENT/CONDO/SINGLE FAMILY HOME? YARD?):

PLEASE PROVIDE INFORMATION ABOUT ANY PETS THAT ARE CURRENTLY LIVING WITH YOU  
(NAME, BREED, SEX, AGE, SPAYED OR NEUTERED, DO YOU OWN THE ANIMAL?)

NAME	BREED	SEX	SPAYED OR NEUTERED?	AGE	OWN?	VACCINATIONS UP TO DATE?

CURRENT VETERINARIAN \_\_\_\_\_

NAME OF CLINIC \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ARE THE RECORDS UNDER YOUR NAME? YES / NO

IF NOT, WHAT NAME ARE THEY UNDER? \_\_\_\_\_

MAY PSC CONTACT YOUR VETERINARIAN FOR A REFERENCE? YES / NO

DO YOU HAVE ANY FOSTER LIMITATIONS THAT YOU'D LIKE US TO KNOW ABOUT? IF SO, PLEASE  
EXPLAIN BELOW.

HAVE YOU EVER PROVIDED FOSTER CARE BEFORE? IF YES, FOR WHOM? PLEASE TELL US ABOUT YOUR EXPERIENCE.

HOW LONG WOULD YOU BE ABLE TO FOSTER AN ANIMAL? \_\_\_\_\_

HOW MANY ADULTS LIVE IN YOUR HOME? \_\_\_\_\_ HOW MANY CHILDREN? \_\_\_\_\_ AGES? \_\_\_\_\_

DO YOU HAVE A VEHICLE TO TRANSPORT FOSTERS IF NEEDED? YES / NO

WOULD YOU BE ABLE TO KEEP FOSTER ANIMALS SEPARATE FROM YOUR OWN ANIMALS IF NECESSARY? YES / NO

HAVE YOU OR ANYONE IN YOUR FAMILY EVER BEEN ACCUSED OR CONVICTED OF ANY ANIMAL RELATED CHARGES? YES / NO IF YES, PLEASE EXPLAIN:

PSC BELIEVES IN USING POSITIVE REINFORCEMENT FOR TRAINING ANIMALS. ARE YOU FAMILIAR WITH THIS METHOD? YES / NO

ARE YOU WILLING TO UTILIZE POSITIVE REINFORCEMENT FOR ALL TRAINING OF FOSTER ANIMALS? YES / NO

HAVE YOU EVER ATTENDED A DOG TRAINING CLASS? YES / NO IF SO, WITH WHOM?

ARE YOU WILLING/ABLE TO FOSTER A DOG/PUPPY WHO IS NOT HOUSETRAINED? YES / NO

HAVE YOU EVER HOUSETRAINED A DOG BEFORE? YES / NO HOW DID YOU DO SO? PLEASE EXPLAIN.

HAVE YOU EVER CRATE TRAINED A DOG BEFORE? YES / NO

DO YOU HAVE ANY SUPPLIES (BED, BOWLS, FOOD, LEASH, CRATE, ETC.) THAT YOU ARE WILLING TO USE FOR A PSC FOSTER? YES / NO IF YES, PLEASE SPECIFY.

DOES YOUR RESIDENCE (LEASE, BUILDING, COMPLEX, ASSOCIATION, OR INSURANCE POLICY) HAVE ANY RESTRICTIONS RELATED TO PETS OR BREEDS? YES / NO IF SO, PLEASE EXPLAIN.

DO YOU HAVE A FENCED IN YARD? YES / NO IF SO, HOW HIGH IS THE FENCE? \_\_\_\_\_ (FEET)

WHAT BEHAVIORAL ISSUES ARE YOU WILLING TO WORK WITH?

WHAT BEHAVIORAL ISSUES ARE YOU NOT WILLING TO WORK WITH?

HOW MUCH TIME DO YOU SPEND AWAY FROM THE HOUSE EACH DAY? \_\_\_\_\_

PLEASE BRIEFLY EXPLAIN HOW YOU WOULD PROVIDE CARE FOR THE FOSTER WHILE AT WORK OR AWAY FOR LONGER PERIODS OF TIME.

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH PSC RELEVANT TO FOSTERING?



I, \_\_\_\_\_, certify that the information provided is true and accurate. I understand that falsification of the above information or non-compliance with the state statutes pertaining to the welfare of the animals will result in automatic termination of any foster relationship with PSC. I hereby give the PSC permission to contact my veterinarian to obtain information about past and present pets. I understand that my landlord (if I have one) will be contacted to verify that I may house pets on a temporary basis. I will allow a representative of PSC to conduct a home visit in conjunction with this application. I further agree to hold harmless and indemnify PSC from any injuries, health problems, or loss sustained by me, my owned animals, or other persons or animals, and which may be caused by the animal(s) I am fostering. I understand that PSC may reject this application for any reason and may terminate my status as a foster parent at any time for any reason. I understand that I may terminate my status as a foster parent at any time for any reason, but will only do so after I have made arrangements for the animals safe return to a PSC representative.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

FOR INTERNAL USE ONLY: I have reviewed the above-listed provisions of the application.

Name: \_\_\_\_\_ (PSC Representative)

Date: \_\_\_\_\_

Approved? Yes / No

Region: \_\_\_\_\_

Restrictions (if any): \_\_\_\_\_