Second Chance Dog Rescue Foster Application

*****PLEASE FILL OUT COMPLETELY - ALL APPLICABLE BLANKS*****

Name	Address		
City State	Zip		
Email	_ Drivers License	#	_State
Home Phone Work Phone_		Cell Phone	
Emergency Contact Name	Phone	#	
References:			
Name	Phone # _		
Name	Phone #		
Do you live in a:			
House Apartment	Other		
Do you:			
Own Rent			
If Renting:			
Landlord's Name	Phor	ne #	
Do you have other pets(list number of each)	:		
Dogs Cats	_ Other		
Are your pets current on ALL vaccinations ar	nd spayed or neuto	ered:	
Yes No Reason if no	0		
How many animals you are willing to foster a	at one time		
Are you willing to foster(Mark all that apply)			
Dogs Puppies Cats	Kittens		
Inside Outside Special Ne	eeds		
Small Medium Large	X-Large		
Do You have an area where animals can be o	Juarantined if nec	essary	
Will your foster animals be kept separate fro	m your personal	animals	
Are you able to transport your foster to adop	otion events and v	vet appointments	

We do not share any personal information with the public, however, your information may be shared with administrators of SCDR to notify you of information related to you or the animal you are fostering. By signing below, you verify that all information provided is accurate.

SECOND CHANCE DOG RESCUE

Second Chance Dog Rescue (SCDR) makes no guarantee or representation about the selected animal's temperament and cannot be held responsible (liable) for any injuries, bites, or damages caused by the selected animal while under the control of the undersigned. SCDR may remove foster animals from foster care for failure to comply with any portion of this agreement.

Further, the undersigned agrees:

- •To provide adequate food, water, shelter, safe containment and humane treatment of the animal.
- •To monitor the animal(s) and provide proper care and socialization to enhance their adopta bility.
- •To bring the animal(s) back to SCDR for treatment if the animal(s) become ill and to notify SCDR staff/admins immediately. If fosters take the animal(s) to a private veterinarian, they will assume the cost of treatment and will not be reimbursed in any way. Copies of treatment by a private veterinarian must be furnished to SCDR.
- •To keep in contact with Foster Coordinator to make sure the animal(s) are vaccinated, de-wormed, and any other treatments are done in a timely manner.
- •To bring fostered animal(s) to Adoption Day events on a regular basis unless the condition of the animal prohibits interaction with the public.
- •That fostered animals are the property of SCDR and can be adopted or transferred only through our agency. This agreement transfers no ownership rights.
- •That if a foster animal dies, the body must be returned to SCDR or the foster caregiver must provide verification of death by a veterinarian or other legal authority.

Further Lagree:

- •To call the Foster Care Coordinator at least once a week to advise on the status and progress of the animal(s).
- •To update the vaccinations of my own animals against the following diseases before fostering any SCDR animal(s):
 - Canines: distemper, parvovirus, parainfluenza, heartworm, ra bies and kennel cough (aka Bordetella).
 - Felines: feline distemper, pneumonitis, rhinotracheitis, calici, feline leukemia.

I understand that if I brought the animal being fostered into the SCDR system and can no longer foster said animal, I will pay the \$150 adoption fee to SCDR to cover boarding until another foster or adopter can be found. I understand SCDR will not reimburse me for any expenditure I incur for the care and treatment of my own animals. I understand if a fostered animal contracts a contagious disease, the foster home will not be considered for fostering other animals of the same species for a length of time determined by SCDR.

INDEMNITY

lagree to release, discharge, indemnify, and hold harmless Second Chance Dog Rescue including its agents, employees, and volunteers for any and all personal injuries, damages to property or pets caused by the foster animals. Lagree to take full responsibility for the animal(s) while they are in my care, including illness or injury to anyone that the animal(s) may cause, on or off my property.

I recognize that in handling foster animals there exists a risk of injury including physical harm caused by the foster animal. On behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify and hold harmless SCDR, its agents, volunteers, and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement. I have received, read, and understand the foster guidelines.

Signature of Foster	Date
Signature of SCDR Representative	Date