

Foster Application

We're so excited you're considering fostering!

In order to best place you with the guinea pig(s) that fit you and your home, please fill out the below application and send to secondchancecavyrescue@gmail.com. Feel free to expand on any issues or ask any questions.

Name:					
Address:					
Email:			Phone:		
I am inquiring for:					
My Child	Myself		Other		
Who will be the primary caregiver? If other, please explain:					
Living Arrangement					
Apartment Condo Rental Home Owned Home With Family Other					
What is the standard temperature in your during the Summer? Winter?					
Please indicate your level	of experience with guinea	a pigs (circle a	ıll that apply):		
Read/Own books on guine	ea pig care	Local pet sto	re knowledge		
Internet Research Far	mily/Friends with guinea p	oigs Owne	ed/grew up with guinea pigs		

If you've owned guinea pigs before/currently, please describe them, their origin, and if you still own them.

Please describe other pets in the home:				
Have you ever surrendered/abandoned/rehomed a pet? Please ex	plain if you have.			
Does anyone in the household have allergies? All allergies includin	g non-animal related. Please describe.			
When you leave for vacation/trips, where do your pets go? Will yo	ou do the same for a guinea pigs?			
There is a zero tolerance policy of breeding any fostered or adopted guinea pigs from Second Chance Cavy Rescue.				
I, hereby, understand this is not a legal nor binding document and in no way guarantees a foster spot for myself, my child, my family/friends, or anyone within my household. I understand my application can be rejected for any reason deemed unit by Second Chance Cavy Rescue. I can request further information if my application is rejected and petition to have it reviewed; however this may not change the decision. May reapply after 90 days.				
Applicant Signature:	Date:			
Parent or Guardian Signature (if under 18):	Date:			
Evaluator/Owner Signature:	Date:			
Comments:				