



Founded by the Lodi Veterinary Hospital  
 705 N. Main St. • Lodi, WI 53555 • (608) 592-3232  
 info@thesecondchancefund.org – www.thesecondchancefund.org

## FOSTER APPLICATION

### Personal Information:

Name:		Date:
Address:		
City/State/Zip:		
Daytime Phone Number:	Evening Phone Number:	
Email:	Are you at least 18 years of age?	
Occupation:		

### References:

Veterinary Care Provider (clinic name):	
Doctor:	Phone Number:
Personal Reference:	Phone Number:
Relationship:	
Personal Reference:	Phone Number:
Relationship:	

### Residence:

<input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Farm <input type="checkbox"/> Mobile Home	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Length of residence:
If renting, do you have permission from your landlord to foster animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord's Name:	Phone Number:
What is the activity level of your household? <input type="checkbox"/> Quiet <input type="checkbox"/> Active <input type="checkbox"/> Very Active	
How often do people visit your home? <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Very Frequently	
Describe your yard: <input type="checkbox"/> Fenced <input type="checkbox"/> Outside kennel <input type="checkbox"/> No fence <input type="checkbox"/> Other (describe):	
How many people are in your household?	
Of those, how many are less than 18 years of age?	What are their ages?
Are all members of the household aware of the desire to provide foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Residence Continued:**

Are any members of your household allergic to animals? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:
Are any members of your household afraid of animals? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:
What are your plans for adjusting the new animal to your home, current pets, and family, especially young children?
Have your current pets been exposed to and are tolerable of other pets? (explain)
What experience do you have with dogs and/or cats?
Why are you interested in fostering a pet?
Please indicate the length of time you can commit to fostering animal(s):

\* The Second Chance Fund reserves the right to conduct a home visit if deemed necessary.

**Current Pets:**

Do you currently own any pets? <input type="checkbox"/> YES or <input type="checkbox"/> NO	If yes, how many?			
Please list pets you currently have:				
	Pet 1	Pet 2	Pet 3	Pet 4
Name:				
Breed:				
Age:				
Sex:				
Neutered/spayed:				
Length of ownership:				
How did you acquire this pet?				
Animal is kept: (In/Out/Both)				
Is pet on flea/tick preventative?				
Is pet on heartworm preventative?				
Is animal current on vaccinations? (your veterinarian will be called):				

### Foster Care for CATS:

Please indicate which type(s) of cat you are willing to foster: (check all that apply)

- Medical – recovering from injuries or illnesses that require more attentive and personalized care or time to heal prior to adoption.
- Behavioral – under-socialized cats/kittens
- Mothers with nursing kittens
- Bottle-fed kittens (very time-intensive)
- Kittens under 6 months of age
- Young adults (6 months to 1 year of age)
- Adult cats (1 year to 10 years of age)
- Senior cats (over 10 years of age)

### Foster Care for DOGS:

Please indicate which type(s) of dog you are willing to foster: (check all that apply)

- Medical – recovering from injuries or illnesses that require more attentive and personalized care or time to heal prior to adoption.
- Behavioral – those with mild behavioral issues, such as unsociability, shyness, or excitability, who require behavior modifications. Behavioral guidance will be provided prior to foster.
- Mothers with nursing puppies
- Puppies under 6 months of age.
- Young adults (6 months to 1 year of age)
- Adult dogs (1 year to 7 years of age)
- Senior dogs (over 8 years of age).

The Second Chance Fund Foster Program is **not** a means to temporarily own or “try out” a dog or cat. The goal of the Foster Program is to provide a loving, disciplined home environment for animals to preparing for adoption into a permanent home – Truly giving them a SECOND CHANCE.

Please read and initial the following statements to indicate that you understand and agree to abide by them:

- \_\_\_\_\_ I am willing and able to medicate an animal if necessary.
- \_\_\_\_\_ I am willing to housetrain a dog or litter box train a cat.
- \_\_\_\_\_ I am willing to use a crate for a dog.
- \_\_\_\_\_ I understand the animal may soil the floor and/or chew/claw the furniture or other objects. I am willing to work with this behavior.
- \_\_\_\_\_ Foster animals may require special attention. I have the time to care for a foster animal.
- \_\_\_\_\_ There is some risk to my own cat or dog, especially if the foster pet(s) is/are not kept separate. I understand that the Second Chance Fund is not responsible for my own pet’s medical treatment.
- \_\_\_\_\_ I have the ability to isolate a dog or cat for health reasons.
- \_\_\_\_\_ I understand that if the animal is having trouble adjusting to my home I will contact the officers of the Second Chance Fund for advice.

\_\_\_\_\_ I understand the foster animal is property of the Second Chance Fund. Should the foster animal become ill while in my care, I will call the Second Chance Fund for authorization prior to seeking veterinary care. I will adhere to any decisions made by the Second Chance Fund.

\_\_\_\_\_ I will be available by appointment for those who wish to visit my foster animal. I understand these visits will take place at Lodi Veterinary Care.

I certify that the information given on this application is true and correct. I understand that omission of information and/or failure to answer all questions will result in denial of my application. I give The Second Chance Fund and its officer's permission to fully investigate the information provided including contacting my veterinarian, landlord(s), and personal references. I also authorize my veterinarian to release any information requested by The Second Chance Fund.

In addition, I understand that the foster placement decision is dependent on many factors, but understand that it is the Second Chance Officers that will determine which home is most appropriate and that their decision is final, and therefore I will not dispute it.

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

Please return application to: The Second Chance Fund, 705 N. Main St., Lodi, WI 53555

**Officers only**

**Date application received:** \_\_\_\_\_

**Approved** [  ]    **Denied** [  ]

**Approved with conditions:**

\_\_\_\_\_

**Reason for denial:**

\_\_\_\_\_

**Home visit comments:**

\_\_\_\_\_

\_\_\_\_\_