**House of Second Chances Foster Questionnaire**

**(503)508-4520 Barb Boyd, Las Vegas, NV**

Please read this application and answer each question completely, sign it and return it to HOUSE OF SECOND CHANCES ANIMAL RESCUE. If an adoption takes place for this animal, a separate agreement will be completed. HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS AND ALL ACTIVITIES RELATED TO SERVING AS A VOLUNTEER, FOSTER, RESCUER AND HANDLER, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. This includes any and all activities related to trapping, handling, fostering any and all animals including animal bites, damage to Volunteers property and loss of time including that of their family members such as children, pets, spouses and friends.

I acknowledge that the Directors and agents of the Nonprofit, House of Second Chances Animal Rescue reserve the right to terminate my volunteer status at any time, for any circumstances which would make my continued service as a volunteer contrary to the best interest of the organization.

I certify that I am physically fit for participation in this activity and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity.

I acknowledge that the Directors and agents of the Nonprofit, House of Second Chances Rescue for any activity in which I may participate, will use this Accident Waiver and Release of Liability Form and that it will govern my actions and responsibilities at said activity

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for serious injury, death, illness and/or property loss/damage. The risks include, but are not limited to, those caused by temperature, weather, travel, animal bites/scratches, illness or accident.

I understand while participating as a volunteer, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Date: Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am over 21 years old\_\_\_\_\_\_\_\_

Married Single Living w/Partner?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years:\_\_\_\_\_\_\_

Home Phone: Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I live in a: House ? Condo? Apartment?

Do you rent or own your home? If renting, does your lease allow pets? Yes No

**OTHER PEOPLE IN THE HOME:**

Please list the names and ages of all persons living in the home:

Who will be the primary care giver for this pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR DAILY SCHEDULE**

How many hours is the primary caregiver out of the home each day, including travel?

**For Dogs: Our rescue not allow foster dogs to be walked on or off leash outside your home (unless you live in a home with no yard and must leave the home for potty). Also our dogs should never go to a dog park ( high risk to get frightened and run away)**

How often do you walk your dog(s)? Are your dogs walked on or off leash?

Do you use a crate?

If “Yes”, how often and for what purpose(s)?

For how many hours per day is your dog crated?

Please list your pets below.

Name spayed/neutered?

**Name of Pet: Species/Breed: Age: Current on**

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| --- | --- | --- | --- | --- |
| **you** |  |  |  |  |
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**I verift that the above is true and any false information will nullify this application. House of Second Chances ANIMAL RESCUE reserves the right to refuse this application for any reason.**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

501(c)(3) non-profit organization

EIN: 86-2786568

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