SECOND CHANCE
Animal Adoption, Inc.
6647 Lincoln Street, Bonners Ferry, ID 83805
208-267-7504

Foster Home Application

You must be 18 years or older to be a foster.

Date: _____

Name: _____ Birthdate: _____

Address: _____

City: _____ State _____ Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

e-mail address: _____

Occupation: _____

Please list all other household members, names and ages: _____

_____

Please list all the pets and farm animals currently residing with you:

Type	Sex	Age	Altered?	Where are they kept?	If domestic, where to they sleep?

Have you or anyone in your household ever been convicted of animal cruelty, neglect, or abandonment? If yes, please explain:

_____

_____

Are you the owner/primary renter of your current residence? _____ If not, please list their name and relationship to you: _____

Do you: Rent:_____ Own:_____ Live with parents:_____

If you rent, are you allowed to house cats and dogs? Yes_____ No_____

Landlord's name and phone number: _____

Is your residence a house, apartment, or condo? _____

How long have you lived at your present address? _____

Are all members of the household aware you want to foster a dog or cat and agree to do so?

Yes _____ No _____

Is anyone in the household allergic to pets? Yes _____ No _____

Does anyone in the household have a fear of pets? Yes _____ No _____

Who will be the primary caregiver of this foster animal? Why? _____

_____

We ask that all your pets are current on their vaccinations prior to taking home a foster animal. Will you be able to provide us with the vaccine records to keep on file at SCAA?

Yes _____ No _____

Name, city, and phone number of your veterinarian: _____

_____

Do your current pets get along with cats? Yes _____ No _____

Do your current pets get along with dogs? Yes _____ No _____

Please explain: _____

_____

Are your pets spayed or neutered? If no, why not? _____

_____

Where specifically will the foster dog or cat be kept during the day? _____

_____

Where specifically will the foster dog or cat be kept during the night? _____

_____

Where would the dog or cat stay when you are not home? Please be specific, for example, in the house, chained, in a kennel, free roaming, etc.

How would the foster dog or cat be cared for during overnight absences or vacations?

Under what circumstances would you return your foster dog or cat prior to original return date?

What length of time are you willing to foster a dog or cat? _____

Are you willing to foster puppies or kittens that need to be bottle fed? Yes _____ No _____

Can you bottle feed on a regular schedule of every 4 hours or more? Yes _____ No _____

Where would the bottle-fed foster be kept during the day and at night? _____

Are you willing to foster a dog or cat with special medical needs? Yes _____ No _____

In your opinion, what physical symptoms and/or behavior would cause concern and possible immediate medical attention?

If necessary, are you willing/able to transport the dog or cat to a veterinarian for regular or emergency needs?

Yes _____ No _____

Are you willing to let potential adopters visit the dog or cat (supervised with a SCAA member) at your home? If not, what arrangements would you consider? Could you bring the dog or cat to the shelter or thrift store for showing?

Please tell us why you want to volunteer your services to our Foster Care program.

Guidelines, Policies, and Procedures

I understand that the animal I foster is just temporarily in my care and belongs exclusively to SCAA. I further understand that the purpose of this foster relationship is solely to provide temporary care for the shelter animal. Designated staff at SCAA must approve any determination made about this animal. I understand that I will not give this animal to anyone, sell this animal, or abandon this animal. I am personally responsible and will care for this animal providing all necessary attention required to keep this animal safe and healthy.

All foster pets in short-term or long-term foster care must come into SCAA at least once a week for a checkup with staff. If you are unable to make it to the shelter for this purpose, then you must agree to allow staff to come for a home visit. The refusal of a check-in or home visit will cause SCAA to take the foster pet back.

A home visit prior to approval of fostering may be required for specific foster pets to make sure your home is safe and adequate for their needs. A refusal of a home visit may affect your chances of fostering for SCAA.

All medical needs for your foster pet need to be reported to SCAA before a vet visit is allowed. All pets must go to a veterinarian SCAA approves of. Any injuries or illnesses that go unreported to SCAA may lead to legal actions.

_____ I understand that volunteers/employees either fostering or adopting must go through the normal adoption process, guidelines, policies, and procedures listed above.

_____ I understand that when the animal is ready for adoption, I will surrender it back to SCAA for placement. I understand that all animals fostered by foster volunteers are the property of SCAA and are subject to the same guidelines as any other adoption. Foster volunteers are encouraged to assist in the placement process of the foster animal, but SCAA staff have the ultimate decision on adoptions.

_____ SCAA Foster volunteers understand that SCAA cannot guarantee placement of all foster animals. Foster's animals with severe medical concernsmay not be successfully placed into permanent homes. These fosters animals may be subject to euthanasia.

_____ I understand that if I do not follow the SCAA policies and procedures, I will not be allowed to foster animals in the future.

_____ I certify that the above information I provided is true and correct. I understand that any falsification of the above information may be grounds for denial of this application or termination. I acknowledge that this application will remain the property of SCAA.

I understand the above information and questions and by signing below, I agree that the information I have provided is true and correct.

Signature: _____ Date: _____

Please provide three references. Do not include your veterinarian or an immediate family member.

Name	Relationship	Phone Number

Signature: _____ Date: _____

Driver's License Number: _____ State: _____

Office Use Only

Approved/Denied: _____

Reason Denied: _____

Comments: _____

Screened by: _____ Date: _____