

FOSTER HOME APPLICATION AND CONTRACT

Thank you for considering fostering! Fostering is one of the most important aspects of rescue as it allows us to take in homeless animals and give them a second chance in a permanent home. Second Chance Pet Network* herein referred to as SCPN, will provide the foster pet with their first set of vaccinations, de-worming pills, treatment by a Vet when needed and will be spayed or neutered as required. We will also provide a crate for sleeping in/being transported, collar, leash and food. You will help the foster pet become more adoptable by the socialization with your family and pets. You are a key link in getting to know the animal better and letting us know what the most suitable placement might be.

PLEASE CIRCLE ANSWER(S) ON APPLICABLE QUESTIONS.



P.O. Box 343, 26 King Street, DRYDEN, Ontario P8N 2Z1
807.223.3335 SecondChancePetNetwork@Drytel.net

Name: _____ Address: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____ E-Mail: _____

How many ADULTS in your home? _____ How many CHILDREN in your home? _____

Who will be responsible for the care of the foster pet? _____

Have you previously adopted from SCPN? _____ If YES, when? _____

Do you OWN or RENT your home? Please provide Landlord's NAME and PHONE _____

Do you live in a **HOUSE** or **APARTMENT**? _____

Do you have a **FENCED** in yard? _____ If so what type of fence? _____

Pets currently in your home – Please list on the back if you run out of room.

Species _____ **Spayed** / Neutered Age _____ Sex _____ Name _____

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What type of pet do you wish to foster?

Puppy Adult Dog Dog with puppies Dogs that need Socializing/Stressed in the Shelter Environment

Kitten Adult Cat Cat with kittens Cats that need Socializing/Stressed in the Shelter Environment

Other (please indicate) _____

What length of time are you willing to foster a pet? _____ Does the foster animal need to be spayed/neutered? _____

Indicate any restrictions/preferences regarding the breed/mix, personality, size or sex of your foster pet.

Who is your current Veterinarian? _____ Under whose name are the records? _____

When are you available to begin fostering? _____ How long are you available for fostering? _____

This agreement is entered into on this date _____, by and between the Second Chance Pet Network (SCPN of Dryden, Ontario) and _____, hereafter referred to as the fosterer.

Name of Dog/Cat (and or breed) – hereinafter referred to as the “pet” _____

1. I hereby acknowledge receiving the above described foster pet.
2. I understand that the foster pet shall remain the sole property of SCPN. SCPN reserves the right to reclaim the foster pet at any time.
3. I agree to return said foster pet if I am no longer able to care adequately for it.
4. I agree to provide the foster pet with good and loving care, including but not limited to food, water, shelter & medication when required. I agree not to breed the foster pet or allow it to be bred. I will provide or arrange for all emergency medical care and will notify SCPN immediately if the foster pet becomes ill or injured, requiring veterinary care.
5. I understand & acknowledge that I do not have any right or authority to keep or to place the foster pet in other homes or with other individuals.
6. I understand the said foster pet will be available for adoption during the time in my foster care, unless otherwise stated above. I agree to allow the foster pet to be viewed by potential adopters within 24 hours notice.
7. I understand that as the fosterer, I have the first right of adoption of any foster pet in my care when adoptive homes are available.
8. I understand & acknowledge that SPCN cannot guarantee or be held responsible for the health, behaviour or temperament of the foster pet that I may foster. I understand that SCPN makes no warranty or guarantee as to the demeanor, health, temperament, or pedigree of any pet.
9. I express release and hold harmless SCPN for any and all liability for loss, injury, or damage caused by any pet to any person, property, and that I will assume any such risk of loss by fostering pet.
10. I understand that my foster volunteer position can be terminated at any time at the sole discretion of SCPN.
11. I agree that SCPN has the right to visitation with 24 hours notice or immediate inspection in case of emergency situations (i.e. fire, flood, negligence, etc)

I attest that the terms and conditions of this foster contract have been read and understood, I agree to abide by them, and I am at least 18 years of age.

Fosterer's Name (please print) _____ Fosterer's Signature _____