



Second Chance Canine Adoption Shelter

6660 E Seneca Turnpike, Jamesville, NY 13078

(315) 435-5584

friendsofsecondchance@gmail.com

Second Chance Canine Shelter Application

Foster Application

Name: _____

Address: _____

City/State/ Zip: _____

County: _____

Age of Applicant: _____

Home Phone: () _____ Cell: () _____ Work: () _____

Email: _____

◆ Please explain the type of dog you are looking to foster that would be the best for your home (age, size, sex, breed ect.): _____

Please list ALL of the pets you have had in the past 5 years starting with those you currently own.

Name/Breed	Sex	Age	Spayed or Neutered	Licensed	Where is the pet now? <i>(If pet died, please list at what age and reason)</i>
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please include the contact information of the veterinarian you currently use or have used in the past. Please call your veterinarian and give Second Chance Shelter authorization to speak with staff about current and past pets in your home. Veterinarian Name/Number: _____

- ◆ How many adults are in your household? _____ Ages: _____
- ◆ How many children? _____ Ages: _____
- ◆ Status of employment: _____ Name of employer: _____
- ◆ If you answered "self employed" or "other" please explain: _____
- ◆ Has every member of your family agreed to foster a dog? Yes No *(If this has not been discussed at great length, please complete the application when that has occurred.)*
- ◆ Occasionally a dog will need help making the adjustment to their new home. Please explain how you are going to make the adjustment successful. _____

Personal References (please provide names and phone numbers of two friend(s) or relative(s) who do not reside in the household):

Personal Reference 1 Name: _____ Phone No.:(_____) _____

Personal Reference 2 Name: _____ Phone No.:(_____) _____

Describe your level of experience:

First Time dog owner		
Have owned 1 or 2 dogs		
Experienced and knowledgeable <i>(please explain)</i>		

Describe your home environment?

Very active	
Some activity	
Very calm	

Does any member of your family have allergies or asthma? Yes No

◆ If yes, please describe: _____

◆ Is someone home during the day? Yes No If so, who? _____

◆ How many hours will this dog be alone each day? _____

◆ Where will this dog be kept when it is left alone? _____

◆ Where will this dog be kept when you are home? _____

◆ Where will this dog sleep at night? _____

- ◆ Do you live in a: House Townhouse/Condo Apartment Duplex Mobile Home
 - ◆ Do you: Own Rent Other _____
 - ◆ If you rent, does your Landlord allow tenants to own dogs of all sizes and breeds? Yes No
 - ◆ Please provide name and number of your Landlord _____
 - ◆ Do you have a fenced: Yard Patio Both No fencing in place
 - ◆ If you have fencing, what type is it and how high? _____
 - ◆ If you don't have a fence, how do you plan to exercise the dog? _____
-
- ◆ Do you have a pool? Yes No If yes, is the pool gated? Yes No
-
- ◆ Have you fostered a dog before? Yes No If so, from where?

-
- ◆ Do you agree to crating the foster dog when you are not home for their safety? (A crate will be provided for you) _____
-
- ◆ Are you familiar with positive reinforcement training methods? Please explain: _____
-

Do family or friends bring their pets to your home or do you care for others pets in your home? _____

How would you correct the dog's unwanted behaviors? _____

Are you willing to participate in training while the foster dog is in your care? _____

Your application will be reviewed by Friends of Second Chance personnel to insure that the best possible home is selected for this animal. Dogs are placed in foster homes solely on a first come-first served basis. The completion of this application is not a guarantee of fostering. Incomplete applications may result in denial of fostering. We reserve the right to refuse the fostering of any animal.

I hereby certify that the above answers are true, to the best of my knowledge, and I understand that if approved, I must abide by an Adoption Agreement.

Applicant Name _____

Date _____

Applicant Signature _____

Date _____

FOR STAFF USE ONLY

Notes: _____

Personal Reference _____

Personal Reference _____

Vet Reference _____

For office use only:

Approve **Disapprove**

Reason: _____

Second Chance Staff Member: Name: _____

Signature: _____

Date: _____