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## FOSTER CARE AGREEMENT (DOGS & CATS)

Please initial each statement indicating your concurrence.

\_\_\_\_\_ I acknowledge receiving the animal(s) described and agree to provide foster care for the animal(s) including food, water, and shelter, and to administer supplied medications as required.

\_\_\_\_\_ I understand that in the event of a natural disaster such as a hurricane or other event I will be responsible for my foster pet during an evacuation and will provide him/her a safe place during the evacuation. If I am unable to do so I will contact an SCP Representative as soon as possible.

\_\_\_\_\_ I understand that I must arrange for any veterinary care services through SCP in advance should the need arise. I acknowledge that SCP will not reimburse me for veterinary services that were not explicitly authorized through SCP.

\_\_\_\_\_ I understand that the animal(s) remain the sole property of SCP and I agree to return the animal(s) to SCP upon request.

\_\_\_\_\_ I acknowledge that I do not have any right or authority to keep or place foster animals in other homes without approval from SCP.

\_\_\_\_\_ Should I decide to adopt the animal, I understand that I must notify SCP of this intent, submit an application for approval, and pay the applicable adoption fee within two weeks of notifying SCP. Animals remain the property of SCP until the formal adoption process has been completed.

\_\_\_\_\_ I understand that I am fostering a stray or abandoned animal and therefore, SCP cannot guarantee the animal's temperament or health. Despite health screenings, the possibility exists that an animal could be harboring illness or parasites that could be transmitted to other pets.

\_\_\_\_\_ I expressly release SCP from any liability and any damages arising out of this foster care arrangement.

Have you previously applied to adopt , adopted from , or fostered for  SCP? I have not:

Please Give Details if above answer is Yes: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph: (\_\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_\_) \_\_\_\_\_

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

**RESIDENCE INFORMATION**

Number of adults in household? \_\_\_\_\_ Number of Children? \_\_\_\_\_ Ages of Children? \_\_\_\_\_

Does anyone have known pet allergies? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you  Own  Rent

Do you live in a  House  Condo  Apartment  Townhouse  Trailer Home?

If you do not own, do you have the Landlord's/Owner's permission to have a pet?  No  Yes

Landlords/Owner's name and phone: \_\_\_\_\_

If a deposit is required, has it been paid?  No  Yes. Please provide **proof of payment of deposit.**

Have all adults in the household been consulted and do they agree to foster this pet?  No  Yes

Will the fostering of this pet comply with your subdivision/apartment regulations?  No  Yes

**ANIMAL CARE INFORMATION**

What preparations have you made (or will make) to care for this dog/cat?

\_\_\_\_\_

How long have you considered this decision? \_\_\_\_\_

Who will be responsible for care of this pet? \_\_\_\_\_

Where will this pet be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Where will this pet be kept when you go on vacation? \_\_\_\_\_

Can you invest the time and effort to allow this pet to adjust to your home?  No  Yes

How long seems reasonable for this? \_\_\_\_\_

If this pet were lost, what would you do? \_\_\_\_\_

How will you keep this dog or cat confined? *(Mark all that apply)*

- House  Chain  Leash  Other: \_\_\_\_\_
- Kennel  Garage  Crate
- Fence  Patio

If crated or kenneled, how many hours per day? \_\_\_\_\_ What size crate/kennel? \_\_\_\_\_

Is a family member usually at home during the day?  No  Yes Who? \_\_\_\_\_

Do you have a yard?  No  Yes - If yes:  Partially fenced  Completely fenced  Open

You will probably have to house train a new puppy or dog. Please explain your method of house training?

\_\_\_\_\_

If a dog, where and how often will you exercise it? \_\_\_\_\_

How will you transport this dog/cat? \_\_\_\_\_

How would you prevent heartworms? \_\_\_\_\_

Is the pet(s) you have now (or was the last pet you owned) on a heartworm preventative?  No  Yes

What type? \_\_\_\_\_

What will you do if the pet demonstrates the following behaviors?

Digging: \_\_\_\_\_ Chewing \_\_\_\_\_

Jumps on Furniture/Counters \_\_\_\_\_

Damages Furniture/Drapes: \_\_\_\_\_

Not Using Litter Box (Cats) \_\_\_\_\_

Not getting along with other pets: \_\_\_\_\_

Difficulty adjusting to household: \_\_\_\_\_

Other: \_\_\_\_\_

What traits would you consider undesirable? \_\_\_\_\_

How will you discipline this dog/cat? \_\_\_\_\_

How many pets do you have? \_\_\_\_

List below pets which are currently in your household: (Use back of form if needed)

Type? Dog, Cat, etc.	Neutered or Spayed?	Sex?	Age?	Vaccines Current?	Vet Used?	Where is Pet kept?

List below the previous three pets which you have owned:

Type? Dog, Cat, etc.	Neutered or Spayed?	Kept Where?	Duration Owned?	What happened to the Pet?

**I certify that the above information is correct.**

Signature of **Foster** Care Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of **Adoption** Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**----- Instructions -----**

Vaccinations Due: \_\_\_\_\_

Treatment/Meds: \_\_\_\_\_

Date Heartworm Preventative Was Last Given: \_\_\_\_\_

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**FOR SCP USE ONLY:** Pet's Name: \_\_\_\_\_ ID # \_\_\_\_\_ Dog/Cat Male/Female

Description of Pet: \_\_\_\_\_ TDL # \_\_\_\_\_

**Foster:**  Approved  Denied SCP Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**Adoption:**  Approved  Denied SCP Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Comments: \_\_\_\_\_