



FOSTER VOLUNTEER APPLICATION

Legal Name: _____ Spouse/Partner: _____

Middle Initial: _____ Middle Initial: _____

Are you 21 or over? Y or N Date of Birth: _____ Spouse/Partner's Date of Birth: _____

Cell Phone: _____ Spouse/ Partner's Cell Phone: _____

Your Email: _____ Spouse/ Partner's Email: _____

Address: _____ City: _____ State: _____

Is your home address where the pet will live? Yes or No Do you work outside of the home? Yes or No

Employers Name _____ How long have you worked there? _____

Employers Number: _____

Are you willing to have a Last Chance representative conduct a home visit? Yes or No

Why would you like to participate in this program?

Type of animal(s) you are willing to foster:

Are you a first time pet owner? Yes or No

Please list any animals in your household in the past 10 years (current and past):

Pet's Name	Species	Sex	Spayed (female) or Neutered (Male)	Age	Where are they now?

How many hours are your pets alone? _____ How are they kept when you are away? _____

Who will supervise ALL outdoor activities? _____ Are your pets good with other animals? _____

If you have cats, do you keep them indoors or do you let them outside? Indoor Outdoor Both

If you have dogs, do you keep them primarily indoors or outside? Indoor Outdoor Both

Your Veterinarian's Name & Address: _____

Veterinarian's Phone Number: _____ May we contact them for a vet reference? Yes* or No

*Please contact your vet and give them permission to release information to a Last Chance Representative.

Please indicate your housing status Rent an apartment Rent a house Own a house or condo

Live with parents; CONTACT INFORMATION: _____

If you are renting, please provide your Landlord's name and number: _____

Do you have a fenced yard? Yes or No If no, how the pet will be exercised? _____

Type: _____ Height: _____ Do you have a Pool? Yes or No Fenced? _____

How many members in your household? Adults: _____ Kids/Ages: _____

Please list two (NON-RELATED) personal references that we may contact:

Personal reference #1: _____

Telephone number: _____

Your relationship: _____

Personal reference #2: _____

Telephone number: _____

Your relationship: _____

How did you hear about Last Chance's Foster Program? _____

PLEASE FILL OUT THIS NEXT PORTION IF YOU MAY WANT TO ADOPT

Our rescue animals make wonderful pets and usually adjust quickly to their new families. To create great outcomes, we foster animals with members of our group, council adoptive families and make recommendations that help our adopters to make the right decision for themselves and their new pet. We require a \$400 adoption donation from all adoptive families at time of adoption to help cover the cost of preparing the dog for his/her new home. We spay/neuter all animals prior to adoption. LCAR is a non-profit animal rescue organization that rescues from animal shelters; as such Last Chance Animal Rescue cannot and does not

warranty the health or breed of the animal. Please fill out the application to help us get to know you, your family and your lifestyle. This information will assist us in matching you with one of the rescue pets awaiting adoption.

A \$400.00* non-refundable ADOPTION FEE

(due at time of adoption) includes:

- All animals spayed / neutered
- Vaccines up to date
- Dewormed
- Heartworm tested, pups 6 months and older
- Current on heartworm preventative, if old enough
- Flea/tick control applied
- Boarding and transportation from shelters
- Microchip

*Limited ability to take credit cards, no checks

Are all adults in the household aware that you are adopting a dog and in agreement? Yes or No

Are you expecting? Yes or No Are any members of your household or regular visitors allergic to dogs? Yes or No

Do children visit frequently? Yes or No

Have you ever lost a pet (i.e. ran away, stolen, hit by a car)? _____

Have you ever turned a pet into the shelter? If so, please explain:

If you move, what will you do with your pet? _____

Is there a situation in which you would not be willing to keep your pet? _____

When you go on vacation/travel, who will care for your pet? _____

Are you willing to take care of your pet for 10 or more years? _____

Are you prepared for the effort in housetraining a dog? Yes or No Do you know how to crate train? Yes or No

How long do you expect housetraining to take? _____ Do you understand the importance of socialization? Yes or No

Are you planning on attending training classes with your dog? Yes or No

Do you understand the importance of obedience training? Yes or No

How long are you willing to give your new pet to adjust to his/her new home? _____

Do you have an idea of the yearly expense of caring for this animal? Please provide an estimate (vet care, food, grooming, licensing): _____

How much are you willing to spend on medical bills for your pet? _____

What will you do if your bills go over your budgeted amount? _____

Do you understand the importance of heartworm and flea and tick preventative? Yes or No

What behaviors WOULD you be willing to work through with training? (If you have children under the age of 14, please give particular thought before answering) _____

All animals we adopt out are spayed/neutered; Do you have any reservations about that? Yes or No

The adoption contract stipulates that should you not be able to care for your Last Chance pet that you will return it to our rescue for re-homing. Do you have any reservations about that? Yes or No

Please add any additional comments below:

I acknowledge that all the information on this form is true and correct. I understand that any misrepresentation of any fact may result in the removal of the animal from my home by Last Chance Animal Rescue Inc.

Signature

Date