# Second Leash

## Foster Application


Second Leash Foster Home Application
Thank you for your interest in fostering with Second Leash!
Our foster homes provide temporary, loving care for dogs while their owners complete mandatory treatment programs or face other temporary hardships. Please complete this application as thoroughly as possible.

Applicant Information

Full Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Preferred Contact: □ Call □ Text □ Email

Household Information

How many adults live in your home? _____
How many children? _____
Children's ages: _____
Does everyone in the household agree to fostering? □ Yes □ No
Do you: □ Own □ Rent
If renting, does your landlord allow pets? □ Yes □ No □ N/A

Current Pets

Do you currently have pets? □ Yes □ No
If yes, please list:
Pet
Age
Spayed/Neutered
Friendly with Dogs?

Your Home

Do you have: □ Fenced yard □ Unfenced yard □ Apartment □ House □ Mobile home □ Other: _____

Will the foster dog stay: □ Primarily indoors □ Primarily outdoors □ Both

Where will the dog sleep?

Foster Preferences

What size dog are you comfortable fostering?

□ Small □ Medium □ Large □ Any

Age preference: □ Puppy □ Adult □ Senior □ Any

Are you willing to foster dogs with:

□ Medical needs □ Behavioral challenges □ Special diets □ None of the above

Maximum number of foster dogs at one time: _____

Availability

How many hours each day would the dog typically be alone?

□ Less than 4 □ 4–8 □ More than 8

Can you transport the dog if needed?

□ Yes □ No

Experience

Have you fostered before?

□ Yes □ No

Please describe any experience with dogs:

Agreement

By signing below, I certify that the information provided is accurate. I understand that submitting this application does not guarantee approval. If approved, I agree to provide a safe, loving environment for any dog placed in my care and to follow Second Leash's foster policies.

Applicant Signature:

Date: _____