



1204 6th Street, Norco, CA 92860

Foster Application

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

How many children are living in the home? _____ Ages of children: _____

How many dogs do you own? _____ How many Cats do you own? _____

Do you have a Pool? _____ If yes, what type of fencing do you have around your pool? _____

What type of fencing do you have around your back yard? _____

What type of fencing do you have around your front yard? _____

Where will the dog/s you are fostering be kept?

During the day: _____

At night: _____

When you are not home: _____

Under no circumstance are you to trust the care of the pet/s you are fostering to any other person or schedule a meet and greet or do any sort of advertising of the pet/s without prior approval from the owner and founder of 2nd Chances Rescue, Jennifer Williams.

If for any reason, the pet/s develops any condition or may need Veterinarian Care, I agree to contact the owner and founder of 2nd Chances Rescue, Jennifer Williams at (909) 631-9682 immediately. If I fail to comply with this agreement, I agree to be held fully responsible for any and all veterinary bills rendered.

(Applicant Signature)

(Representative Signature)

(Date)

(Date)