



Foster Contract

First Name:

Last Name:

Email:

Phone Number:

Date of Birth:

Current Address:

EACH OF OUR ANIMALS IS UNIQUE AND SPECIAL, THEREFORE, WE WANT TO MAKE SURE THAT THE ANIMAL YOU ARE INTERESTED IN IS THE RIGHT FIT.

ABOUT THE ANIMAL YOU WISH TO FOSTER

NAME OF THE ANIMAL APPLYING FOR:

BREED IF KNOWN:

HOW DID YOU HEAR ABOUT THE AVAILABILITY OF THIS ANIMAL?

ABOUT YOU

OCCUPATION:

WORKPLACE (NAME & ADDRESS):

SPOUSE/ PARTNER NAME AND OCCUPATION:

CHILDREN (NAMES AND AGES, IF APPLICABLE):

OTHER OCCUPANTS IN YOUR HOUSEHOLD (IF ANY):

HAVE YOU ENSURED THAT NO ONE IN YOUR HOUSEHOLD IS ALLERGIC TO THE TYPE OF PET YOU WISH TO FOSTER?

TYPE OF DWELLING (PLEASE DESCRIBE IF THERE ARE STAIRCASES THAT THE ANIMAL WILL BE REQUIRED TO USE ON A DAILY BASIS AS WELL):

HOW LONG HAVE YOU LIVED AT THIS RESIDENCY:

DO YOU (CHECK ONE):

Rent

Own

Live with parents/relatives

Other

If other, please explain:

IF RENTING, ARE PETS ALLOWED AND DO YOU HAVE THE LANDLORD'S EXPRESS CONSENT TO HAVE A PET?

IF APPLICABLE, PROVIDE NAME OF HOME OWNER OR LANDLORD'S NAME AND NUMBER (BY PROVIDING THIS INFORMATION YOU ARE ALLOWING CALLIES CANINE RESCUE TO MAKE CONTACT, SO PLEASE INFORM THEM OF THIS):

I AM LOOKING TO FOSTER A RESCUE ANIMAL BECAUSE:

HOW DID YOU HEAR ABOUT CALLIES CANINE RESCUE AND OUR FOSTER PROGRAM?

ARE YOU ABLE/ WILLING TO ADMINISTER MEDICATIONS, IF NECESSARY?

**WHERE WILL THE FOSTER ANIMAL SPEND THE DAY? WILL THEY HAVE ACCESS TO OUTSIDE FACILITIES?
(DESCRIBE)**

WHERE WILL THE FOSTER ANIMAL SPEND THE NIGHT? WHERE WILL THEY SLEEP? (DESCRIBE)

NUMBER OF HOURS (AVERAGE) THE FOSTER WILL SPEND ALONE ON A DAILY BASIS?

WHERE WILL THE FOSTER STAY WHEN LEFT HOME ALONE?

HOW WOULD YOU DISCIPLINE YOUR FOSTER IF IT MISBEHAVED?

ARE YOU WILLING TO PROVIDE FOOD AT YOUR OWN COST FOR YOUR FOSTER PET?

WHAT KIND OF FOOD WILL YOU FEED YOUR FOSTER ANIMAL?

WHAT WOULD YOU DO IF YOUR FOSTER ANIMAL ESCAPED FROM YOUR HOME?

HOW LONG ARE YOU WILLING TO FOSTER AT ANY ONE TIME:

DO YOU HAVE HEALTH INSURANCE? IF SO, WHO'S YOUR PROVIDER?

HOW WILL THE FOSTER PET RECEIVE EXERCISE?

ARE YOU WILLING TO LET A CALLIES CANINE RESCUE REPRESENTATIVE VISIT YOUR HOME BY APPOINTMENT?

ARE THERE ANY ROOMS THAT ARE OFF-LIMITS TO ANIMALS?

DO YOU AGREE TO KEEP THE ANIMAL AS A PRIMARILY INDOOR PET?

CURRENT PETS: IF ANY, PLEASE LIST THE TYPE (AND BREED). AGE AND SEX OF ALL CURRENT PETS:

HOW LONG HAVE YOU OWNED THEM AND HOW DID YOU OBTAIN THEM?

ARE THERE ANY OTHER PETS OTHER THAN YOUR OWN THAT ARE CURRENTLY LIVING AT YOUR RESIDENCE? IF SO, PLEASE EXPLAIN:

ARE ALL YOUR PETS UP TO DATE ON VACCINES?

IF NOT, PLEASE EXPLAIN?

DO ANY OF YOUR PETS HAVE PHYSICAL AND/OR BEHAVIORAL ISSUES?

DO ALL YOUR PETS GET ALONG?

HAVE YOU EVER HAD MULTIPLE ANIMALS IN YOUR HOME? IF SO, PLEASE EXPLAIN:

ARE YOU ABLE TO KEEP THE FOSTER SEPARATE FROM YOUR RESIDENT ANIMALS, IF NECESSARY?

EXPERIENCE

DESCRIBE YOUR LEVEL OF PET OWNING EXPERIENCE:

HOW OFTEN DID/DO YOU WALK YOUR DOG?

HAVE YOU EVER HAD A PET THAT HAD BEHAVIORAL ISSUES?

HAVE YOU EVER HAD A PET THAT GOT INTO A FIGHT?

HAVE YOU FOSTERED AN ANIMAL BEFORE?

IF YES, WHAT ORGANIZATION DID YOU FOSTER FOR?

HAVE YOU EVER GIVEN MEDICATION TO SICK ANIMALS BEFORE:

IF SO, PLEASE EXPLAIN:

SECURITY

BEFORE YOUR NEW PET ARRIVES, WILL YOU THOROUGHLY INSPECT YOUR HOME AND YARD (INCLUDING DOORS AND GATES) FOR ANY POTENTIAL ESCAPE AREAS AND MAKE NECESSARY REPAIRS?

DO YOU HAVE A COMPLETELY FENCED IN YARD?

DO YOU HAVE A PET DOOR?

HOW TALL IS YOUR FENCE (IF APPLICABLE)? AT LEAST ____ FEET TALL FROM THE GROUND ON ALL SIDES?

IS THE FENCE INTACT ON ALL SIDES AND AT LEAST 6 FEET FROM THE GROUND LEVEL IN ALL AREAS?

DID YOU RECENTLY INSPECT YOUR FENCES, AND ARE THEY ARE ALL IN GOOD CONDITION?

ARE THERE GATES?

IF SO, HOW MANY AND HOW HIGH ARE THEY?

IS THERE A LOCK ON ALL THE GATES?

IF NO, WILL THEY BE INSTALLED BEFORE YOUR FOSTER ARRIVES?

DO YOU HAVE A SWIMMING POOL?

IF YES, IS IT SURROUNDED BY A FENCE/GATE?

WHO HAS ACCESS TO YOUR YARD?

WILL THE FOSTER ANIMAL LIVE SOMEWHERE ELSE OTHER THAN LISTED, ON A REGULAR BASIS?

IF SO, PLEASE EXPLAIN AND PROVIDE THE ADDRESS:

CONFIRMATIONS AND AFFIRMATIONS

I, _____ [NAME OF FOSTER APPLICANT] MAKE THE ABOVE STATEMENTS AND VOLUNTARILY ENTER INTO THIS AGREEMENT TO PROVIDE A TEMPORARY HOME AS A FOSTER CAREGIVER TO ANY ANIMALS CALLIES CANINE RESCUE MAY TEMPORARILY PLACE IN MY CARE.

PLEASE INITIAL EACH AFFIRMATION BELOW:

_____ I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE FOSTER CARE TO MY FOSTER ANIMAL FOR AN EXTENDED AND INDEFINITE PERIOD OF TIME.

_____ I UNDERSTAND THAT I MAY ONLY HAVE MY FOSTER ANIMAL TEMPORARILY UNLESS SPECIFICALLY ALLOWED BY CALLIES CANINE RESCUE.

_____ I AGREE TO PROVIDE A CALLIES CANINE RESCUE REPRESENTATIVE ACCESS TO ALL PARTS OF MY HOME AND PROPERTY FOR A HOME INSPECTION BEFORE MY APPLICATION TO FOSTER IS APPROVED.

_____ I AGREE THE ANIMAL IS TO BE A FAMILY COMPANION WHILE IN MY CARE AND I AGREE TO PROVIDE THE ANIMAL WITH A SAFE HOME, ADEQUATE FOOD, WATER, PROPER CARE, EXERCISE, LOVE AND ATTENTION AND NOT TO VIOLATE ANY LAWS OR ORDINANCES WITH THE ANIMAL.

_____ I AGREE TO KEEP THE ANIMAL SAFE AND NOT LET IT RIDE LOOSE IN THE BED OF PICKUP TRUCKS, CONVERTIBLES, OR TO BE LEFT IN A CAR UNLESS THE CAR REMAINS ON WITH THE AIR CONDITIONER ON AND THE DOORS LOCKED.

_____ I AGREE THE ANIMAL IS TO REMAIN INDOORS AT ALL TIMES UNLESS IN A SAFE, ESCAPE-PROOF ENCLOSURE OR DOG CARRIER.

_____ I UNDERSTAND THAT IF ANYTHING HAPPENS TO THE ANIMAL DURING THE FOSTER TIME, I WILL BE RESPONSIBLE FOR ANY DAMAGES INCURRED.

_____ I AGREE TO NOTIFY CALLIES CANINE RESCUE IMMEDIATELY IF THE DOG IS LOST, STOLEN, HURT OR KILLED.

_____ I UNDERSTAND THAT CALLIES CANINE RESCUE PROVIDES NO GUARANTEE AS TO THE HEALTH OF MY FOSTER ANIMAL AND THAT MY FOSTER ANIMAL MAY HAVE MEDICAL NEEDS, SOCIALIZATION PROBLEMS, AND MAY NOT BE HOUSEBROKEN.

_____ I UNDERSTAND THAT THE DOGS/ANIMALS IN GENERAL I WILL BE HANDLING WERE PREVIOUSLY UNWANTED OR LOST AND MAY BE RESCUED BY CALLIES CANINE RESCUE FROM DANGEROUS, UNHEALTHY AND/OR CRUEL SITUATIONS.

THIS CAN HAVE LONG-LASTING EFFECTS ON THE ANIMALS.

_____ I AGREE TO PROVIDE MY FOSTER ANIMAL WITH VETERINARY CARE ONLY AS AUTHORIZED BY CALLIES CANINE RESCUE AND I WILL NOT ARRANGE OR PAY FOR ANY ELECTIVE VETERINARY CARE FOR MY FOSTER ANIMAL WITHOUT THE EXPRESS CONSENT OF AN AUTHORIZED CALLIES CANINE RESCUE REPRESENTATIVE.

_____ I WILL TAKE ALL NECESSARY PRECAUTIONS TO PREVENT MY FOSTER ANIMAL FROM EITHER IMPREGNATING ANOTHER ANIMAL OR BECOMING IMPREGNATED. IN THE EVENT THAT HAPPENS, I WILL NOTIFY CALLIES CANINE RESCUE IMMEDIATELY.

_____ I AGREE THAT I AM FOSTERING THIS ANIMAL FOR CALLIES CANINE RESCUE, AND THAT I DO NOT HAVE ANY RIGHT OF OWNERSHIP OVER MY FOSTER ANIMAL.

_____ I AGREE TO IMMEDIATELY RETURN ANY FOSTER ANIMAL IN MY CARE TO CALLIES CANINE RESCUE AT THE REQUEST OF ITS AUTHORIZED REPRESENTATIVE AT ANYTIME AND FOR ANY REASON AND THAT THE ANIMAL MUST BE RETURNED IN EXACTLY SAME CONDITION AND HEALTH AS IT WAS GIVEN.

_____ I UNDERSTAND THAT I CANNOT TAKE THIS ANIMAL TO DOG PARKS OR ANY OTHER LEASH FREE PLACES WITHOUT PREVIOUSLY CHECKING WITH CALLIES CANINE RESCUE.

_____ I UNDERSTAND THAT I CANNOT INTRODUCE THIS ANIMAL TO ANY OTHER ANIMAL BEFORE PREVIOUSLY CHECKING WITH CALLIES CANINE RESCUE.

_____ I UNDERSTAND THAT I CANNOT MAKE ANY DECISION ON ADOPTION, INTRODUCTION OR PLACEMENT OF THIS ANIMAL BEFORE CHECKING WITH CALLIES CANINE RESCUE.

_____ IF CALLIES CANINE RESCUE IS FORCED TO UNDERTAKE LEGAL ACTION TO ENFORCE THIS PROVISION OF THE AGREEMENT, I AGREE TO INDEMNIFY CALLIES CANINE RESCUE FOR ALL COURT COSTS AND ATTORNEYS FEES CONNECTED WITH SUCH AN ACTION.

_____ IF I AM PLANNING TO MOVE AT ANY TIME DURING THE PERIOD WHEN I AM HOUSING A FOSTER ANIMAL, I AGREE TO CONTACT CALLIES CANINE RESCUE PRIOR TO MY MOVE AND PROVIDE CALLIES CANINE RESCUE WITH MY NEW CONTACT INFORMATION. I UNDERSTAND THAT CALLIES CANINE RESCUE HAS THE RIGHT TO REQUEST RETURN OF MY FOSTER ANIMAL BASED ON MY CHANGE OF RESIDENCE, AND AGREE THAT I WILL SURRENDER MY FOSTER ANIMAL TO CALLIES CANINE RESCUE IMMEDIATELY UPON REQUEST.

_____ I UNDERSTAND THAT SHOULD THE ANIMAL I AM FOSTERING CAUSE PHYSICAL HARM TO MYSELF OR ANY OTHERS, I AM SOLELY RESPONSIBLE FOR ALL MEDICAL COSTS.

_____ I UNDERSTAND THAT SHOULD THE ANIMAL I AM FOSTERING CAUSE HARM TO ANOTHER ANIMAL, I AM FULLY RESPONSIBLE FOR ANY MEDICAL COSTS FOR THE ANIMAL I AM FOSTERING AS WELL AS OTHER ANIMALS HURT. I UNDERSTAND THAT SHOULD THE ANIMAL I AM FOSTERING CAUSE PHYSICAL DAMAGE TO ANY PROPERTY, I AM SOLELY RESPONSIBLE FOR ALL COSTS INCURRED.

_____ I UNDERSTAND THAT AS LONG AS I PROVIDE FOSTER CARE TO MY FOSTER ANIMAL TO CALLIES CANINE RESCUE'S SATISFACTION, I WILL BE GIVEN THE FIRST RIGHT OF ADOPTION OF MY FOSTER ANIMAL, AT SUCH TIME AS CALLIES CANINE RESCUE DECIDES TO PLACE MY FOSTER ANIMAL FOR ADOPTION.

_____ IF AT ANY POINT I CAN NO LONGER, OR DO NOT WANT TO CONTINUE TO, PROVIDE CARE AND SHELTER FOR MY FOSTER ANIMAL, I AGREE TO CONTACT CALLIES CANINE RESCUE AND ARRANGE FOR SURRENDER AND RETURN OF MY FOSTER ANIMAL BACK TO CALLIES CANINE RESCUE.

_____ IF I CAN NO LONGER FOSTER, I WILL ALLOW CALLIES CANINE RESCUE (TWO WEEKS) TO FIND A NEW FOSTER HOME.

_____ I WILL NOT TRANSFER POSSESSION OR CUSTODY OF MY FOSTER ANIMAL TO ANY OTHER PERSON AT ANY TIME, EXCEPT FOR TEMPORARY, SHORT-TERM POSSESSION FOR THE PURPOSE OF VET CARE, GROOMING, ETC.

_____ I AGREE TO CONTACT CALLIES CANINE RESCUE WITH ANY AND ALL QUESTIONS OR CONCERNS ABOUT MY FOSTER ANIMAL OR THE FOSTER CARE PROGRAM AS WELL AS WITH UPDATED CONTACT INFORMATION.

_____ I AGREE THAT IF I REFUSE OR FAIL TO COMPLY WITH ANY PROVISION OF THIS AGREEMENT, CALLIES CANINE RESCUE HAS THE RIGHT TO TERMINATE THIS AGREEMENT AND ALSO HAS THE RIGHT TO THE IMMEDIATE SURRENDER AND RETURN OF MY FOSTER ANIMAL(S). I FURTHER CONSENT TO PROVIDE CALLIES CANINE RESCUE ACCESS TO MY PREMISES IF NECESSARY TO FACILITATE THE RETURN.

_____ I UNDERSTAND THAT CALLIES CANINE RESCUE IS MAKING NO REPRESENTATIONS OR WARRANTIES ABOUT THE CONDITION, PERSONALITY, OR TEMPERAMENT OF ANY OF THE ANIMALS.

_____ I UNDERSTAND CALLIES CANINE RESCUE WILL ONLY GIVE ME THE INFORMATION AND KNOWLEDGE CALLIES CANINE RESCUE HAVE THROUGH OBSERVATION AND VET CHECKS SINCE CALLIES CANINE RESCUE MET THE ANIMAL IN QUESTION: I WILL THEREFORE NOT HOLD CALLIES CANINE RESCUE RESPONSIBLE FOR ANY DAMAGE, INJURY, OR HARM CAUSED DIRECTLY OR INDIRECTLY TO ANY PERSON OR PROPERTY BY ANY ANIMAL I MAY DECIDE TO VOLUNTEER MY TIME TO HELP.

_____ I UNDERSTAND CALLIES CANINE RESCUE, AT ITS SOLE DISCRETION, RESERVES THE RIGHT TO REFUSE ANY APPLICANT FOR ANY REASON OR NO REASON.

_____ ALL OF THE ABOVE INFORMATION I HAVE GIVEN IS TRUE AND COMPLETE

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO FOLLOW ALL THE AGREEMENT STIPULATIONS AS STATED ABOVE. I AGREE TO RETURN THIS ANIMAL BY THE AGREED DATE ALONG WITH ANY ANIMALS BORN TO THE ANIMAL WHILE IN MY CARE. I UNDERSTAND THAT THIS ANIMAL AND ANY BORN TO IT REMAIN THE PROPERTY OF CALLIES CANINE RESCUE AND I RETAIN NO RIGHTS OF POSSESSION.

I, _____, AGREE TO THESE TERMS AND CONDITIONS.
your name below.

*SIGNATURE OF APPLICANT:

*DATE:

CALLIES CANINE RESCUE HAS THE RIGHT TO TAKE THE DOG BACK INTO THE RESCUE IF THE FOSTER DOES NOT AGREE TO AND COMPLY WITH ALL TERMS AND CONDITIONS, THE CONTRACT IS NOT SIGNED, WE FEEL THE ANIMAL IS UNSAFE IN THE FOSTER'S HOME, OR WE FEEL THE ANIMAL IS NOT THE RIGHT FIT FOR HOME/ LIFESTYLE.

