

Foster Agreement

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____
Email: _____

Is your spouse/significant other in agreement with fostering a new pet?

Which type of dog are you interested in fostering? Litters Elderly Large Small sick
Dogs with medical needs etc.

Are there children in the home? If so, what are their ages?

Does anyone in your household have pet allergies?

Number of people residing in your household:

Do you own or rent your home?

If renting, what is the landlord's contact information? _____

Type of home: Single Family Home, Apartment, Condo, Townhouse, Other

How long have you lived at this address? _____

Do you plan on moving soon? _____

Is your yard fenced? _____ Height of fence: _____

Who will be the primary caregiver? _____

How long will the dog be left alone during the day? _____

What is your household activity level? Low, Medium, High

Where will the dog be kept during the day, night and when you're not home? (e.g., Crate, roaming)

Have you ever fostered a dog before? Yes No

Are you familiar with crate training? Yes No

What will you do if your dog displays destructive or undesirable behaviors?

How long will you give your new dog to adjust to its new environment?

What behavior issues can you NOT deal with? _____

What will you do with the dog if he/she displays these behaviors? _____

Are you aware that you may need to house train your new foster dog? _____

Do you have the space to separate a foster dog from your resident dog? _____

Other Pets in the Household

Current Pets (list each pet)

Breed: _____	Age: _____	Gender: _____	Spayed/Neutered: Yes No
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I agree to foster animals for **KBS DANES 1 Inc.** I have read, understand, and agree to the following statements (please initial each line):

___ I understand and agree that **KBS DANES 1 Inc.** has made no warranties or representations, either expressed or implied, regarding the health, temperament, or disposition of the animals being fostered under this contract.

___ I understand that my foster animal(s) may have an undiagnosed illness that could be transmitted to other animals or persons in my household. I agree to keep my foster(s) and my own animals separated unless directed otherwise by **KBS DANES 1 Inc.**

___ I agree to monitor the health of my foster animals and immediately notify **KBS DANES 1 Inc.** of any suspected illness or medical problem.

___ **KBS DANES 1 Inc.** will cover all expected necessary medical expenses for foster animals. I will only bring animals to veterinarian, approved by KBS Danes. I agree to hold **KBS DANES 1 Inc.** harmless for the cost of any medical treatment for my non-fostered animals or any persons in my household.

___ **KBS DANES 1 Inc.** will provide all food, equipment, and supplies needed to care for the animals. If additional supplies are needed during the foster period, I agree to notify **KBS DANES 1 Inc.** at least three days before the items are depleted. I understand these items remain the property of **KBS DANES 1 Inc.**

___ I understand that the animal(s) are the property of **KBS DANES 1 Inc.** during the foster period, and fostering an animal does not necessarily guarantee adoption approval.

___ I agree to indemnify, defend, and hold harmless **KBS DANES 1 Inc.**, its officers, directors, and agents from any claims, demands, liability, damages, losses, costs, or expenses arising from or relating to my fostering of the animal(s) under this agreement.

Foster Caregiver: print _____

Foster Caregiver: Sign _____

Date: _____

Email this form to us at kbsdanes@gmail.com.