



Adams County Humane Society (ACHS)

Dog Foster Agreement

1982 11th Ave. Friendship, WI 53934 (608) 339-6700

ANIMAL NAME: _____ ANIMAL NUMBER: _____

BREED: _____ COLOR: _____ AGE: _____

MICROCHIP #: _____

NAME OF FOSTER PARENT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____

_____ I AGREE to care and love ANY foster dog ACHS asks me to foster as if it were my own.

_____ I AGREE to provide my foster dog with proper diet, exercise, basic obedience training and house training.

_____ I UNDERSTAND that all dogs placed in foster care need to be spayed/neutered and vaccinated. If I receive an unfixed dog, Adams County Humane Society may request that I schedule an appointment with a designated veterinarian and assist in transporting the dog to and from the appointment. If I cannot arrange to transport the dog myself, I will call my ACHS representative and assist in any way I can. **NO DOG CAN BE ADOPTED BEFORE BEING SPAYED OR NEUTERED.**

_____ I UNDERSTAND that all basic medical expenses for each foster dog that comes into my care will be covered by ACHS, provided that the ACHS Shelter Manager has approved the medical expenses, and the care is from an ACHS designated veterinarian.

_____ I UNDERSTAND that ACHS will provide a collar and leash for each foster ACHS Dog that comes into my care. ACHS will offer donated items, as available, for use by foster homes. Crates can be lent to foster homes and must be returned to ACHS when the foster dog is adopted. ACHS appreciates willingness to donate toward the dog's general expenses, like food, treats, etc. General expenses, if paid for by a foster home, may be tax deductible.

_____ I UNDERSTAND that any potential adopter **MUST** be interviewed and approved by an authorized ACHS representative. I understand that my input is appreciated and be a part of the process, but that the final decision to place or not to place a fostered cat with a particular potential adopter will **ONLY** be made by an authorized ACHS representative.

_____ I AGREE to inform ACHS if prospective adopters contact me directly by phone or email, and to send copies of any email inquiries to my ACHS representative. If it is possible for a prospective adopter to visit my home to meet the animal, I can arrange for an ACHS representative to be there during the visit.

Adoption meetings can also be done at the ACHS facility and I agree to bring the foster dog to ACHS at the time of that meeting.

_____ I UNDERSTAND that the following protocol must be followed regarding children in the house:

- Do not under any circumstances leave a child unattended with any dog
- Do not leave bones around the house when children are present and be cautious and observant when children are eating and the dog is in the room
- If there is a child in the household under the age of 5 the dog must be in a crate or separate room while the is dog eating or sleeping to prevent accidents
- Children under the age of 16 will not walk the dog unless supervised by an adult
- Whenever a child is in the house with a dog, the child is at risk of being accidentally knocked over, scratched or bitten, etc.
- Should you have ANY concerns or feel uncomfortable with a situation between the dog and a child, contact your foster liaison or a senior ACHS Representative. We will either take the dog out of your home immediately or assist with training needs, depending on the severity of the situation.

_____ I UNDERSTAND that the following protocol must be followed when bringing additional dogs into the house:

- Do not leave multiple dogs at home in the same room unattended.
- Do not feed the dogs in the same room or leave toys and treats laying around the house.
- ACHS can assist you with a dog-to-dog introduction if necessary.

_____ I AGREE to keep each foster dog that comes into my care on a leash when outside my home or in my own securely fenced yard.

_____ I UNDERSTAND AND AGREE that I am responsible for the safety of each foster dog that comes into my care and for the safety of other dogs and people that may meet the foster dog,

_____ I AGREE to immediately notify ACHS, send "URGENT" email to sheltermanager@adamscountyhumanesociety and Tara (608)-339-6700 in the event a foster dog goes missing or is injured.

_____ I UNDERSTAND that if I decide to adopt a foster dog in my care, I must go through the adoption process, including paying the requested donation. (Donations are used to help cover costs to save and help more dogs.)

_____ I UNDERSTAND that if I need to return a dog to ACHS care, for any reason, enough notice is necessary for ACHS to locate a new foster home placement for the dog, or make room at the facility,

This process may take a week or more, depending on the dog and the number of other dogs in foster care and in the care of shelter staff.

_____ I PROMISE to take adequate care of any foster dog in my care by providing nutritious food, plentiful water, and adequate shelter, as well as control of external parasites (fleas and ticks).

_____ I PROMISE to notify ACHS if any foster dog in my care is in need of veterinary care such as vaccinations, routine testing, refill of heartworm preventive or treatment for illness.

_____ I PROMISE to keep any fostered dog in my care safely confined in a fenced yard or kennel run or inside a house when the dog is not with me or a member of my family. At no time will I allow any foster dog to be a nuisance to people or other animals.

_____ I understand that ACHS recommends the use of a dog crate for confinement inside the house.

_____ I UNDERSTAND that fostering a dog for ACHS is different from adopting a dog, and that any foster dog must be made available to Prospective Adoptive Owners referred by ACHS for viewing for possible permanent adoption. If I find a prospective adopter for my foster dog I will contact an ACHS staff member and I promise not to give the dog over to anyone until an adoption has been approved and an agreement has been signed.

_____ I understand there are certain risks of personal injury, death, disease and property damage in fostering animals for Adams County Humane Society, and by signing below I accept those risks. In consideration of the Adams County Humane Society accepting my application for participation in the Volunteer Foster Care Program, I agree to release and hold harmless the Adams County Humane Society, its Directors, Officers, Agents, and Employees from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including without limitations, attorney's fees and disbursements, arising from or occasioned by my participation in the Adams County Humane Society Volunteer Foster Care Program.

_____ I have read and fully understand the terms and conditions of the Volunteer Foster Care Program Agreement and Waiver of Liability and I willingly comply with all its conditions.

PRINT NAME(S): _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

ACHS REPRESENTATIVE: _____ DATE: _____