



## FOSTER CARE APPLICATION AND AGREEMENT

Hope Canine Rescue is pleased to have you consider becoming a foster for one of our much needed canine's. We are excited to possibly have you as part of our team. Please fill out the foster care application below, sign the agreement and send back to [hopecaninerescue@gmail.com](mailto:hopecaninerescue@gmail.com). We will get back to you as soon as we possibly can.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Do you:

Own       Rent

If you rent, please provide your landlords name and number so that we may contact them for approval.

Landlord Name: \_\_\_\_\_

Landlord Number: \_\_\_\_\_

If you live in an HOA, what are the pet limitations and breed restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers:

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are There Children In Your Home:

Yes  No

If Yes, How Many and What Ages: \_\_\_\_\_

Do You Currently Have Pets:

Yes  No

How Many:

Cats: \_\_\_\_\_ Dogs: \_\_\_\_\_ Other: \_\_\_\_\_ (please specify type)

Are All Animals Current on Vaccinations:

Yes  No

Are All Animals Spayed or Neutered:

Yes  No

Fenced In Yard:

Yes  No

If Fenced In Yard - How High? \_\_\_\_\_

What Are You Willing To Foster:

Cats  Mother Cat and Nursing Kittens  
 Kittens  
 Small Dogs  Small Mother Dog with Nursing Puppies  
 Medium Dogs  Medium Mother Dog with Nursing Puppies  
 Large Dogs  Large Mother Dog with Nursing Puppies  
 Puppies

What Ages Are You Willing To Foster

Under 1 Year  1 to 3 Years  
 3 to 6 Years  Older Than 6  
 No Preference

Are You Willing To Foster An Animal That Needs Training:

Yes  No

Are You Willing To Foster An Animal With Medical Issues:

Yes  No

Are You Willing to Foster An Animal That Requires Medication:

Yes     No

Would You Foster Multiple Pets:

Yes     No

If Yes, How Many: \_\_\_\_\_

Where Will You Foster Animal Be Housed: \_\_\_\_\_

How Many Hours a Day Will Your Foster Animal Be Alone?

\_\_\_\_\_

How Long Are You Willing to Foster:

0-3 Months                       3-6 Months

Until Adopted

I agree that my services as a Foster Care Provider for an animal from Hope Canine Rescue, are provided on a strictly volunteer basis. I understand that I will not receive any pay, benefits, or compensation of any kind from Hope Canine Rescue for my foster care of animals.

\_\_\_\_\_

Signature

I agree to provide foster care in strict compliance with the policies and procedures of Hope Canine Rescue. This includes, but is not limited to:

- Providing adequate food, water, shelter, safe containment, and humane treatment for the animal (s) at all times.
- Providing medication and veterinary care when needed at the expense of Hope Canine Rescue and with their approval beforehand.
- Monitoring the animal (s) and providing proper care and socialization.
- Notifying Hope Canine Rescue within 24 hours of any change in the foster animals health.
- Notifying Hope Canine Rescue IMMEDIATELY if the foster has gone missing.
- Attending adoption events with their foster animals.

- Allow another foster, or an approved transporter to take the foster animals to adoption events if you are unable to do so.
- Always use an adopt me leash, collar, or bandana on the foster animal when out in public.
- Representing yourself in a professional manner.

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Signature

Please write your initials on the line to the left of each paragraph  
After you have read it.

\_\_\_\_\_ Hope Canine Rescue reserves the exclusive right to determine the proper course of action to take after being notified by the foster parent of any inability to comply with this agreement.

\_\_\_\_\_ I understand and agree that the fostered animal(s) are the exclusive property of Hope Canine Rescue. This agreement transfers no ownership rights.

\_\_\_\_\_ I understand that if I wish to keep a foster, I will have to apply just like any other potential adopter.

\_\_\_\_\_ I understand that all foster animal(s) must be scheduled for needed medical treatment (altering, vaccinations, testing, etc) at one of the Hope Canine Rescue approved veterinarians, humane societies or clinics.

\_\_\_\_\_ I understand that if my foster ends up in the shelter if it becomes lost, that I will be responsible for the fees that it costs Hope Canine Rescue to retrieve the animal.

\_\_\_\_\_ I understand that I must comply with the following adoption protocol:

I will contact Hope Canine Rescue the day that my foster animal has been adopted.

I will provide the name, address, phone number and email address of the adoptive parents to my foster animal.

I will immediately forward the adoption agreement, adoption contract, and the adoption fee to Hope Canine Rescue within 48 hours of my foster animal leaving my own home.

I will not allow anyone to “test run” one of my foster animals.

I will ensure that adoption fees are paid for immediately upon adoption.

I will ensure that the adoptive parents of my foster animal will understand that for any reason, if they decide to not keep their newly adopted pet, that Hope Canine Rescue will accept that animal back, and that no refund will be issued.

\_\_\_\_\_ I understand no reimbursement by Hope Canine Rescue will be given to me regarding any expenditure, which I incur for the care of a foster if the treatment was not approved in advance.

\_\_\_\_\_ I understand if a foster animal under my care gets a contagious disease from one of my own animals, I will not be considered for fostering in the future.

\_\_\_\_\_ I understand that if I see an animal I would like to foster that is in need of a rescue, that I will contact Hope Canine Rescue for consideration.

\_\_\_\_\_ I will agree to vaccinate my own animals against the following diseases before fostering:

- Canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis, Bordetella, and Rabies  
Canines should be free of Parasites (ie: fleas and mites)
- Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus, and Rabies.  
Felines should be FIV and FeLV Negative  
Felines should be free of Parasites (ie: fleas and mites)

\_\_\_\_\_ I understand that any breach of the conditions of this foster care agreement may result in immediate termination of this agreement. In that case, Hope Canine Rescue shall take immediate possession of the fostered animal(s).

#### Indemnity

\_\_\_\_\_ I agree to release, discharge, indemnify and hold harmless Hope Canine Rescue, including its agents and employees, for any personal injuries or damages to property or pets caused by the foster animal(s).

\_\_\_\_\_ I recognize that in handling foster animal(s) there exists a risk of injury including physical harm caused by a foster animal. On behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify and hold harmless Hope Canine Rescue, its agents, volunteers, and employees from any and all claims, causes of action or demands, or any nature of cause connected with my foster care agreement.

I have received, read and understand the Foster Care Guidelines provided by Hope Canine Rescue

\_\_\_\_\_  
Signature of Foster Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Hope Canine Rescue

\_\_\_\_\_  
Date