

FOSTER CARE AGREEMENT

I understand and agree to all information provided to me in my application process. If the animal I foster is on medication I will continue the medication as directed. I will not let the animal out loose by itself. If during the time I am fostering the animal it requires medical attention I will contact the K9 Rescue of Faribault County first unless it is an emergency. I understand the foster animal is the property of the K9 Rescue of Faribault County and will not sell, trade or dispose of the animal.

YES _____ **NO** _____

I understand that anyone interested in adopting my foster dog,(including myself) must go through the standard adoption process, and approval of candidates and placement of animals is up to the K9 Rescue of Faribault County (Of course we welcome your referrals).

YES _____ **NO** _____

I understand that although the K9 Rescue of Faribault County takes reasonable care to screen animals for foster care placement, it makes no guarantee relating to the animals' health, behavior or actions. I understand that I receive foster care animals at my own risk and can reject or return any animals for which the K9 Rescue of Faribault County has asked me to provide care. I indemnify and hold the K9 Rescue of Faribault County free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgment of every kind and description which may occur to or be suffered by me, members of my household, my own animals or any third parties by reason of activities arising out of this agreement. I release the K9 Rescue of Faribault County from responsibility for any diseases that may be contracted by my resident animal(s) from the foster animal.

Signature of Foster Parent

K9 Rescue of Faribault County Rep.

Date

Dog's name _____ Breed _____
Age _____ Sex _____ Name _____ Color _____
Special needs? _____