DoggieRescue.com

ABN 098 918 471, ABN 49 098 918 471

Dog Foster Care Agreement

Registered Office and Postal Address: 8 Chiltern Rd, Ingleside, NSW 2101
Phone: 02 9486 3133 **Fax:** 02 94863136 or 02 9997 4421 **Mob:** 0429 044 484
Email: Monika@doggierescue.com
Adoption Centre: 2 McCowan Rd (Cnr Bloodwood Rd), Ingleside, 2101 **Open:** 10am-5pm Tues to Sun

I _____ of _____

Suburb: _____ Postcode: _____

Phone No. (H) _____ (W) _____ Mobile: _____

Email: _____

Alternative Contact Name: _____ Alternative Contact No: _____

Photo Identification: ☐ Drivers Lic. #: _____ ☐ Other Photo ID: _____

Expiry date: _____ ☐ Sighted & verified by adoption officer

Agree to provide foster care for:

Name of Dog: _____ Sex: _____ Age: _____

Colour: _____ Breed _____

M/Chip #: | | | | | | | | | | | | | | | |

and undertake as follows:

1. I am 18 years of age or older and have read, understood and agreed to the terms below.
2. I agree to accept the dog described above until a new Doggie Rescue shelter is found, or until the dog is permanently adopted, whichever occurs first (**Fostering Period**), unless the dog is returned to DoggieRescue.com in accordance with these terms.
3. I have inspected the dog and agree to accept the dog in its current condition, health and behaviour. I have not relied upon any representation by DoggieRescue.com in deciding to foster the dog.

CONDITIONS OF CARE:

4. I agree to maintain and house the dog in conditions explained to me by DoggieRescue.com. The dog will become a member of our family and as such will be cared for with the comforts of home.
5. The information I have provided to DoggieRescue.com as to the property on which the dog is to be housed and my ability to maintain the dog in proper health is true and not misleading in any way.
6. **I agree not to house the dog at an alternative location or pass the dog into the care of another person, without the express consent of doggierescue.**
7. **I agree not to take the dog out of the greater Sydney region without express consent of doggierescue.com**
8. I understand that DoggieRescue.com may before or during the Fostering Period inspect the property on which the dog is to be housed to ensure the dog's safety and security and that as a result of this inspection I may be requested by DoggieRescue.com to return the dog. I agree to return the dog if requested to do so by DoggieRescue.com at a mutually convenient time and place.
9. I agree to continue monthly heartworm and flea treatment (due 1st day of every month), and quarterly gastro-intestinal worming treatment.
10. **The dog will, at all times, wear a collar with an identification tag attached.**
11. **The dog, will not be allowed off my property or allowed in any unsecured area (not even leash free parks) without a collar and lead.**

COSTS:

12. I agree to pay the $200 fostering bond for the dog, and I understand this is refundable upon his/her adoption.
13. I understand that all day to day costs associated with the care of the dog (such as food, worming treatment etc) are my responsibility and cost.
14. I understand that if the dog is due for annual vaccinations (see date over) I must contact Doggierescue.com. I agree to take the dog to a vet appointed by Doggierescue.com for vaccination, and I understand that this cost will be covered by Doggierescue.com

15. **If I return the dog for any reason prior to a permanent home being found, I agree that this $200 bond be retained by DoggieRescue.com as my contribution towards kenneling and any other costs.**
16. **I agree to make regular (fortnightly) contact with my Foster Coordinator to provide an update on the well-being of the dog.**
17. I agree to contact the Foster Carer immediately if the dog is sick, injured or experiencing difficulties settling in.
18. I agree to advise my Foster Coordinator should the dog require any veterinary treatment. **I understand that veterinary costs will be covered by DoggieRescue.com but only with prior approval from DoggieRescue.com**
19. I agree to advise my Foster Coordinator if I require any short-term assistance to house the foster dog due to planned holidays etc. I will provide as much notice as possible.

ADOPTION ENQUIRIES:

20. I understand that should the Foster Coordinator receive adoption enquiries about the dog, I will be contacted.
21. **I agree to make the dog promptly available for inspection at a mutually agreeable time and location, and to I agree to actively participate in the adoption process if required.**
22. I agree that I will make the dog available at Ingleside or Alexandria around once a month.
23. I understand that should another party be interested in adopting the dog, I may apply to keep the dog however this is subject to the terms and conditions of adoption, and payment of the full adoption price for the dog.

RETURN OF DOG:

24. I agree to return the dog to DoggieRescue.com upon request.
25. **If during the Fostering Period I feel the dog is unsuitable for any reason: a) I will contact my Foster Coordinator and arrange a mutually convenient time to return him/her to DoggieRescue.com and b) if I return the dog for any reason prior to a permanent home being found, I agree that this $200 bond be retained by DoggieRescue.com as my contribution towards kenneling and any other costs.**
26. I indemnify DoggieRescue.com, its directors, employees and volunteers for any liability, costs or expenses which arise as a result of my actions or omissions (including negligence) or the dog's condition, health or behaviour and acknowledge that DoggieResciue.com is not liable or responsible for the dog after the date of this application.
27. I have read, understood and agreed to the terms contained within the DoggieRescue.com Foster Care Agreement.
28. I will **notify DoggieRescue.com within 7 days of any change to my contact details** recorded above.

Signed: _____ Date: _____

REGULAR CONTACT:

My Foster Coordinator is:

Name: _____

Phone Contact (day): _____ Phone Contact (evening): _____

CHECKLIST:

- ☐ Foster Carer Questionnaire completed
- ☐ Foster Carer Agreement completed
- ☐ Copy of Foster Carer Agreement Given to Carer
- ☐ Foster Coordinator Details provided
- ☐ Foster Carer Info Pack provided
- ☐ 2 months medication provided (flea/heartworm, gastro worming)

FOSTER BOND PAYMENT DETAILS

Payment by: ☐ CASH ☐ CHEQUE ☐ CREDIT CARD NUMBER: _____

Card Type: _____ Expiry Date: ___ / ___

Name on Card: _____

Debit $ _____ for bond

Debit $ _____ for _____

TOTAL $ _____ Signature: _____