



Southeast Bloodhound Rescue, Inc.

Matching Bloodhounds with Loving Families

FOSTER AGREEMENT

Southeast Bloodhound Rescue, Inc., is a private charitable nonprofit rescue organization 501(c)3. Southeast Bloodhound Rescue, Inc., is the regional rescue organization affiliated with and approved by the American Bloodhound Club, Inc.

This contract is between Southeast Bloodhound Rescue, Inc. (hereinafter referred to as SEBR or Rescue), the legal and recognized owner of all bloodhounds released to Rescue, (hereinafter referred to as the Dog(s)) and _____, (hereinafter referred to as the Foster, the caretaker of the Dog(s)).

The Foster understands and Agrees to the following and indicates their understanding by initialing at the end of each statement:

The Dog is the property of Rescue and will be surrendered to any authorized member of the Rescue promptly upon request by one of the Rescue's Directors. The Dog will NOT be transferred to any other Foster or home without the express and prior written approval of the Director of Rescue. (____)

The Dog will be kept in the house or inside a securely fenced yard which on the Foster's premises. The Dog will be securely leashed when off premises and will remain in the Foster's possession unless the Dog is left in the care of an approved veterinarian for approved medical treatment or in a recognized kennel facility previously approved by the Director of Rescue. (____)

Foster will be responsible for the actions of ALL household members regarding the Dog. (____)

FOSTER HOME AGREES TO NOTIFY AND GET APPROVAL PRIOR TAKING FOSTER DOG TO THE VET. (____)

Rescue will reimburse the cost of the following medical procedures for the dog when performed at a RESCUE-APPROVED VETERINARY CLINIC. Spay/Neuter, vaccinations, general examination, heartworm test, fecal exam and minor medical problems. Expenditures of each individual dog are not to exceed \$250 (two hundred fifty dollars). Should expenditures exceed \$250, Foster will be held responsible for the excess amount unless authorization for the additional amount was given by the Rescue director or one of the state directors before the services are rendered. (____)

SEBR WILL NOT PAY FOR MEDICAL TREATMENTS ARISING FROM NEGLIGENCE OF FOSTER HOME. (____)

Foster accepts the responsibility for the normal daily care of the Dog, included by not limited to, collar, leash, food, treats, flea control and non-prescription drugs. (____)

No Dog will be released to an adopting family until an adoption agreement and donation have been received by Rescue. Rescue will notify the Foster prior to allowing the adopting family to contact the Foster. Should the Foster decide to adopt a Dog, it shall follow standard adoption procedures and pay the standard adoption donation. (____)

Foster accepts responsibility for any and all events that occur in connection with the Dog. Foster agrees to release, indemnify and hold harmless Rescue, The Directors, State Coordinators and other volunteers and agents from any and all claims, known and unknown, now or hereafter, arising in connection with the Dog. (____)

Foster will evaluate the Dog for temperament, behavioral and training issues and prepare an evaluation form. The Evaluation Form will be submitted to the Director on a monthly basis. (____)

Foster will attempt to correct behavioral and training issues, including, but not limited to, crate training, leash training and housebreaking. (____)

Foster agrees that if they (the Family) decide that they want to adopt the Dog in their care, they must complete the adoption application and upon approval make the appropriate donation and sign the adoption agreement prior to being granted ownership of said Dog. (____)

Foster will not knowingly be given a Dog with a history or any human aggression or lethal animal aggression. Should aggression surface in a Dog while in the Foster's care, the Director or designated State coordinator will be notified immediately. Should the Director, after consulting with the board of directors, deem the Dog to be a hazard, Foster will have the Dog euthanized and provide the proof of euthanasia to the Director with 5 days of the procedure taking place. (____)

The Rescue and Foster each binds himself, successors, assigns and legal representatives to the other party hereto and the successors, assigns and legal representatives of such other party in respect to all covenants, agreements and obligations contained in this Foster Agreement. Neither party to this contract shall assign the contract or sublet it as a whole or any portion thereof without the written consent of the other. (____)

This agreement shall supersede and take precedence of any previous agreements and shall be governed by the constitution and by-laws of SEBR. (____)

Signed and Agreed to this ____ day of _____ in the year _____.

Signature of authorized representative of Foster Family _____

Please print the remaining information legibly.

Name of Foster Family (include spouse if married) _____

Address _____ City _____ State _____ Zip _____

If the address is a P.O. Box, please enter the physical address of your legal residence below:

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening _____ Cell _____

Work Phone (for Emergency only) _____ E-Mail Address _____

Name, Address, phone number and Relationship of a relative not living in the household:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening _____ Cell _____

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EMAIL COMPLETED FOSTER AGREEMENT TO:

Southeast Bloodhound Rescue, Inc. (bloodhoundrescueinfo@gmail.com)