

HUMANE SOCIETY OF DAVIE COUNTY



Foster Agreement

Foster's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Driver's License #: _____

Pet's Name: _____ Altered: Yes No

Species: _____ Breed: _____ Color: _____ Sex: _____ Age: _____

Vaccination History: 1st Distemper Vaccine: 1 Year Rabies Vaccine: Fecal Test: Microchip:
Bordetella: Distemper Booster 2: **TESTS:** FLV/FIV: NEG POS Heartworm Test: NEG POS

Foster Agrees:

1. The fostered pet shall remain the property of the HSDC until the adoption is finalized.
2. To bring the pet to his/her spay/neuter appointment.
3. Dogs will be kept on a leash or in a fenced area when outdoors. Cats must be kept inside the home.
4. Puppies are not to be taken to public places (public parks, dog parks, pet stores) until after they receive their last puppy shot or final adoption is done.
5. Please contact Kim Doby in case of emergency at 336-909-1264 especially if there are any concerns about a pet's health and then follow HSDC staff directions as to the provision of medical care.
6. To bring the pet to HSDC as requested for medical treatment.
7. HSDC will only be responsible for any approved medical cost. If outside medical treatment is sought for a pet without HSDC staff approval, HSDC reserves the right to deny reimbursement to the Foster depending on the circumstances surrounding the event.
8. HSDC is not liable for any bodily injury or property damage/loss whatsoever to the Caretaker or others, or to another animal/pet caused by the HSDC fostered pet. The Caretaker agrees to defend, indemnify and hold HSDC harmless from any direct, remote, and/or consequential damages arising from this fostering arrangement.
9. To be available to help us promote pet to public to get adopted (transport to events, sending pictures/videos to the marketing manager, Matt at hSDCmarketing@gmail.com to post online.

Foster Signature _____ Date _____

HSDC Signature _____ Date _____