

# FOSTER APPLICATION | DAYTONA BEACH GERMAN SHEPHERD RESCUE



Applicant Name: _____	Date: _____
Applicant Address: _____ City/State/Zip: _____	
Email: _____ Phone: _____	
Do you own your home:    ___ Yes    ___ No    Other: _____	

<p><b>Name of Dog you want to Foster:</b> _____</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Male   <input type="checkbox"/> Female   <input type="checkbox"/> No Preference</p> <p><input type="checkbox"/> Puppy   <input type="checkbox"/> Adult   <input type="checkbox"/> Senior</p> <p>Current Pets: Breed: _____</p> <p><input type="checkbox"/> Dog(s)   <input type="checkbox"/> Cat(s)   <input type="checkbox"/> Other: _____</p> <p>Spayed/Neutered?: _____</p> <p>Current Veterinarian: _____</p> <p>_____</p> <p>Have you previously owned a German Shepherd? _____</p>	<p><b>HOME DETAILS:</b></p> <p>Number of adults in the home: _____</p> <p>Number of Children in the home: _____</p> <p>    ➤ Ages of Children: _____</p> <p>Type of Fencing: _____</p> <p>    ➤ Height of Fence: _____</p> <p>Where will the dog sleep: _____</p>	<p><b>MISC:</b></p> <p>What kind of collar will you use: _____</p> <p>Do you believe in Crate Training: _____</p> <p>How many hours/days will the dog be alone: _____</p> <p>How often do you travel: _____</p>
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**PROCEDURE:** Completely fill out & sign application. For applications selected, a vet-check will be completed and then a home visit conducted. Fosters always get to decide which dog(s) they will take in, when and for how long. Fosters do not name the dogs. DBGS Rescue pays all veterinary expenses for foster dogs as long as rescue approved veterinarians are used.

**Please read and initial the following:**

\_\_\_ I agree to provide the Authorized Rescue Representative access to all parts of my home and property for a home inspection before my application to foster is approved.

\_\_\_ I understand that I could be required to provide foster care to my foster animal for an extended and indefinite period of time. I agree that the period covered by this agreement is the entire time during which I have custody of my foster animal.

\_\_\_ I agree to provide my foster animal with proper and routine veterinary care and bring him/her to a rescue approved vet. I also understand that I must keep my foster animal on regular heartworm and flea & tick preventative medication provided by the rescue.

\_\_\_ I understand that I am not financially responsible for all proper and routine veterinary care described in the preceding paragraph, including vaccinations, as well as for all food and shelter, for my foster animal. (Food is provided upon request). If I wish to feed my foster dog specific food, it must be approved by the rescue as you may be asked to cover the cost of that food.

\_\_\_ I understand that Rescue provides no guarantee as to the health of my foster animal, and that my foster animal may have significant medical needs, socialization problems, may not be housebroken. I also understand that the foster animal may have a contagious illness which may affect my current animals and Daytona Beach German Shepherd Rescue is not responsible for any costs or damages associated with these illnesses and will not financially cover the veterinary bills of my personal pets.

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\_\_\_ I understand that I may only have my foster animal temporarily.

\_\_\_ I agree to immediately return any foster animal in my care to the Rescue at the request of the Authorized Rescue Representative, at any time and for any reason. If the Rescue is forced to undertake any action to enforce this provision of the agreement, I agree to indemnify DBGS Rescue for all court costs and attorneys' fees connected with such action.

\_\_\_ I understand that, as long as I provide foster care to my foster animal to the Rescue's satisfaction, I will be given the first right of adoption of my foster animal, at such time as the Rescue decides to offer my foster animal for adoption. I understand that adoption fees will apply.

\_\_\_ I understand that the foster animal is subject to bite, and I guarantee to take all safety precautions to avoid such an incident. This includes the animal being walked on a leash only, no visits to dog parks unless authorized by the Rescue. In case of a dog bite, I understand that I could be held responsible and that I must notify the Authorized Representative immediately.

I have read this Agreement in its entirety, and I agree that all statements and stated agreements contained in this document are made by me, and are truthful, under penalty of perjury under the laws of the state of Florida.

Signature(s): \_\_\_\_\_

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

Printed Full name(s): \_\_\_\_\_

