

4111 Old Highway 99W • Orland, California 95963 • (530) 517-1754

Foster Home Application and Agreement

Thank you for your application to adopt a dog or puppy from Town and Country Humane Society (TCHS). TCHS will review this application before releasing any animal to a new home. The following questions will help us place animals that match both the adopter's and animal's needs. TCHS reserves the right to decline the adoption for any reason if it feels the home will not be a good match. Please answer all questions. There are no "wrong" answers

animal to a new home. I adoption for any reason								erves the right to decline the	
Type of animal you are] Cat [Both							
			Persona	Information					
Are you at least 21 years old: Yes No Are you of				student? Yes No If yes, fulltime part time			part time		
Name:						Phone Number:			
Address:						City/State/Zip:			
How long have you be	een at this addre	SS:							
Cell Phone:				Email address:					
		Resi	idence & F	amily Informa	tion				
List ALL residents in y	our home (includ	ing yourself):							
Name		Email			Age Relationship To You		Relationship To You		
If you rent, do you have Landlord's Name and Do you have a yard? [How will you confine a	Phone #:	If yes, how	big is the yar		□tied	outside	in the hou	use	
		Pet Inf	ormation/	History/Prefer	ences				
Do you currently have	other pets in the	home? Yes	No If yes,	please list all pets	here:				
Species	Species Breed		Age	Sex	Spayed/Neutered			Kept	
						Yes No		☐ Inside ☐ Outside	
						Yes 🗌 No		☐ Inside ☐ Outside	
] Yes 🔲 No		☐ Inside ☐ Outside	
Do you own livestock	k animals?	'es ☐ No If ye	s, please des	cribe:					
How many hours each	ch day will the do	g be left alone?	W	here will the dog	be kept	when alone	?		
Where will the dog	be when you a	re home?		Where will t	he dog	sleep at nigh	t?		
Name of Vet:				Vet's Phone #:					

TCHS Dog Adoption Application

Foster Home Agreement

I agree to act as a Foster Home for Town and Country Humane Society (TCHS). The following conditions apply to fostering TCHS dogs.

- 1. The dog(s) will remain the property of TCHS and will be turned over immediately upon request by TCHS.
- 2. The dog(s) will be kept in the house or in a suitable kennel facility on the grounds of the foster home and will not be allowed off-leash in an unfenced area.
- 3. <u>Veterinary care:</u> Any and all non emergency veterinary care will be provided by a veterinarian designated by TCHS and will be paid for by DRNC, but the foster family MUST receive prior written approval from TCHS before obtaining such services, except in emergency situations. Non emergency use of any veterinarian other than the one designated by TCHS, must have prior written approval or the foster family will be responsible for payment of the unapproved care/services.
 - For the purposes of this agreement, emergency veterinary care is considered to be a life threatening condition and/or accident where waiting to take the animal to TCHS's designated veterinarian, during normal business hours, will endanger the animal's life. In a true emergency, the foster family is authorized to sign for and consent to all reasonable and necessary veterinary procedures and this executed contract is proof of such authority.
- 4. The dog(s) will be adopted to a permanent home only under the supervision of TCHS to a family pre-approved by TCHS. Adoptive families may be contacted occasionally by the foster family to inquire about the dog(s), as long as the adoptive families are accorded respect and privacy.
- 5. All fees, donations, etc. received in connection with the adoption of the dog(s) are the sole property of and will be sent directly to TCHS.
- 6. The foster family agrees to provide accurate information to prospective adoptive families, if requested to do so, and, when possible and convenient, to allow prospective adoptive families to visit the dog(s) at the foster family's home.
- 7. TCHS is not responsible for injuries to people or pets, or for property loss or damage. The foster family will accept responsibility for any events that occur while fostering the dog(s).
- The foster family will contact TCHS at regular intervals to report on the status of the dog. Frequent reports are encouraged.
- Any and all expenditures beyond food, approved medical treatment, and regular de- worming require written approval of DRNC. The foster family may be responsible for unapproved expenditures (see section 3).
- 10. The foster family is responsible for transporting the dog to and from the vet for treatment, after authorization of treatment. However, assistance with transport can be arranged.
- 11. The foster family is welcome to adopt the dog at the regular adoption fee. Foster families may NOT adopt the dog to a home not approved by TCHS.
- 12. The foster family may end this agreement at any time, but **must give TCHS** at least 5 business days to make other foster arrangements. Any non-emergency boarding costs incurred during this 5-day period are the responsibility of the foster home.
- 13. RESERVATION OF RIGHTS TCHS reserves the right to follow through on this Agreement in order to protect the welfare of the dog(s). If the Terms and Conditions of this Agreement are not upheld by the foster family, and/or if any misrepresentations have been made to DRNC by said foster family, TCHS reserves the right to terminate this Agreement and TCHS may reclaim the dog immediately, without notice, from the foster family's home or premises. As such, any and all costs, expenses, without prior written authorization from TCHS will become the responsibility of the foster family.
- 14. ATTORNEY FEES AND COSTS Should it become necessary for TCHS to take legal action to recover a fostered dog or otherwise enforce the provisions of this Agreement, the Undersigned Foster Home agrees to pay all costs, including court costs, and reasonable attorney's fees. The place of venue shall be Glenn County, California.

BY SIGNING THIS CONTRACT,	I AGREE TO ALLOW agen	ts of Town and Country	Humane Society TO	DENTER MY PROPERTY	FOR THE
PURPOSE OF REMOVING ANY	FOSTER DOG FROM MY	CUSTODY IF I DO NOT	COMPLY WITH THE	HE ABOVE TERMS AND	CONDITIONS.

Date:	
APPLICANT	AUTHORIZED REPRESENTATIVE FOR TCHS
Sign Name	Sign Name