



Wags Hope and Healing

Crystal DeGroot, Director

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Wags Foster Contract

Foster Information

Name(s): _____

Address: _____

Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

Please provide the names and ages of the residents in your household:

Please provide the names, species, breed and age of any pets in your household:

Please provide any special requirements/considerations for your family. (For example, do you have an age/breed/size/personality preference for your foster pets?)

Foster and Adoption Protocols and Information

Fosters are critical to helping Wags Hope and Healing save dogs. From pets needing a safe space to recover from an illness or injury to shy pets needing a little extra socialization. Our fosters provide a priceless way for pets that need a little extra love and care to learn how to enjoy life as a family pet while they wait for their forever home!

Please initial and sign in partnership with an authorized Wags Hope and Healing Representative.

Basic care:

- _____ I agree to care for and love my foster pet as if he/she were my own.
- _____ I agree to keep my foster pet safely indoors unless directly supervised outdoors.
- _____ I agree to provide my foster pet with a proper diet, basic obedience training (our team can teach you the basics!) and housetraining.
- _____ I agree to bring (or arrange transport to and from) adoption events.
- _____ I understand that fostering does not have a definitive timeline and agree to make every effort possible to communicate my own needs with the Wags Hope and Healing team, including reasonable updates on vacations so we can arrange care for my foster pet should I need to be away while fostering.

Basic Safety:

- _____ I agree that I will not take my foster pet out into public if they are not fully vaccinated. This includes puppies that have not yet received at least two rounds of booster vaccinations.
- _____ I agree to keep my foster pet supervised if in an enclosed outdoor space.
- _____ I agree not to take my foster pet to an off leash dog park or other open public area.
- _____ I agree to keep my foster pet safely on a leash with a harness or martingale collar.
- _____ I agree to keep the provided Wags Hope and Healing tag on my foster pet's collar at all times.

Medical Care:

- _____ I agree to transport my foster pet to and from Veterinary appointments (which will be scheduled by a Wag's representative based on my schedule or the availability of a Wags representative to get the pet to and from the appointment).
- _____ I agree not to take my foster pet to any Veterinary appointment without Wags explicit permission. Should I choose to take the pet to a Veterinarian in a non-emergent situation, I will be personally responsible for the resulting bill.
- _____ In an urgent medical situation, I agree to take my pet to a Veterinary Emergency Clinic. I will make my best efforts to contact a Wags Representative (regardless of the hour) to inform them of the situation before taking my pet to be seen.
- _____ I understand that my foster pet may have medical issues and agree to adhere to the medical treatment plan laid out by Wags Hope and Healing's Veterinary team.

Spay/Neuter and Vaccinations

- _____ I understand that not all animals are altered or vaccinated at the time that they are taken into Wags Hope and Healing's care. I understand the risks to exposing an unvaccinated pet to my current pets. Wags Hope and Healing will take all known health issues into account and provide me with a current health assessment before any foster pet is brought into my care.
- _____ I agree to assist in getting my foster pet to his/her spay/neuter appointment. Wags Hope and Healing generally has our pets altered with Pet Pals in Marble Falls, TX. We will help arrange transport out to the clinic.
- _____ I understand that no pet under Wags Hope and Healing's care may be adopted out until she/he is spayed/neutered.

Expenses covered by Wags

- _____ All basic medical expenses are provided and covered by Wags Hope and Healing.
- _____ I agree that all medical care is to be first approved by an authorized Wags Hope and Healing representative and to be given by the Wags team or a designated Wags Veterinarian.
- _____ I understand that if I choose to go to a Veterinarian of my choosing, I am responsible for the expenses incurred.
- _____ I agree to provide a high quality diet (we like Fromm brand, but are not particular if the food of your choosing is of equal quality), shelter and love to my foster pet. Wags Hope and Healing is happy to help in providing any additional items, such as a crate, needed for your foster pet. I understand that not all items I request will be available.

Adoption & Transfers

- _____ I understand that I am not to adopt out this pet without written permission from an authorized Wags Hope and Healing representative.
- _____ I understand that my input is appreciated and part of the adoption process, but ultimately, the final decision will be made by the Wags Hope and Healing team.
- _____ I understand that all potential adopters will need to be screened and approved by the Wags Hope and Healing team.
- _____ I agree to inform a Wags representative should any potential adopters contact me directly.
- _____ I agree to coordinate meet and greet times for prospective adopters with a Wags Hope and Healing representative.
- _____ I agree that at no time will I transfer my foster pet from my care, even if temporarily, without Wags express permission.

Liability with Children and Other Pets

- _____ I understand that the following protocols should be in place regarding children in the Household (both residents and visiting):

- _____ I agree to not leave children unsupervised with my foster pet.
- _____ I agree to not leave treats or bones around the house when children are present.
- _____ I agree to be observant and cautious when children are eating and a pet is in the same room.
- _____ If a child is present, I agree to crate or feed my foster pet in another room.
- _____ I agree that a child under the age of 13 will not walk my foster pet without direct supervision or a second lead to help secure the pet.
- _____ I agree to contact Wags Hope and Healing should any concerns regarding my foster pet's behavior towards children arise. (Wags may offer to provide a training course or, should concerns be great, arrange for a different housing situation for the foster pet).

- _____ I understand that animals can be unpredictable and may react to new situations in an unexpected manner. I agree to take caution when introducing my foster pet to any existing pets in my home.
- _____ I understand that a dog that has been exposed and friendly with cats in the past may have a different reaction to meeting new cats. I agree to do a slow introduction and ensure the safety of both cat and dog when introducing them to each other.
- _____ I agree not to leave my foster pet unattended with my existing pets.
- _____ I agree not to leave toys, treats or bones out with my foster and existing pet.

General Agreements

- _____ I understand that if I decide to adopt the foster pet in my care, I must go through the adoption process, including paying the adoption donation.
- _____ I understand that if I need to return my foster pet for any reason, it may take a few days to a few weeks to reasonably find another foster home.
- _____ I understand that Wags Hope and Healing has the right to remove a foster pet from the care of any foster at their discretion.
- _____ I understand that I am responsible for the safety of my foster pet as well as the safety of both humans and animals that my foster pet encounters.
- _____ I understand that a home visit will be required before a foster pet is relinquished to my care.
- _____ I have been provided a copy of this contract for my own records.

This document provides for the release of liability of Wags Hope and Healing, it's staff and volunteers on account of the actions of any animal which has been released into the ownership of Wags Hope and Healing and placed into the care of a Foster Care Provider.

Foster Printed Name: _____

Foster Signature: _____

Date: _____

Wags Foster Counselor: _____

Date: _____

Wags Hope and Healing Emergency Contacts

Crystal DeGroot, Wags Hope and Healing Director

Phone: 503-442-8026

Email: Crystal@wagshopeandhealing.org

Stephanie Conrad, Wags Hope and Healing Volunteer

Phone: 512-695-9531

Email: Stephanie@wagshopeandhealing.org

Should any emergency situation occur, please first attempt to call vs texting or emailing the Wags Hope and Healing team!