



DOG FOSTER PROGRAM AGREEMENT

I, _____, have agreed to foster dogs with Austin Pets Alive!. I have been counseled by a representative of the Dog Foster (DF) Team on the expectations of being a foster parent. After discussion, I will initial next to the pertinent information to indicate that I understand and will abide by the expectations discussed:

- _____ **I commit** to fostering each foster dog for at least **2 weeks**.
- _____ **I understand** that if I need to return a foster dog or move it to a sitter, **I will** email our Dog Foster Placement Team at dog-foster-pleas@austinpetsalive.org and allow for **4 days** for a kennel or **7 days** for a sitter to be found unless it's an emergency.
- _____ **I will not** take a foster dog to a dog park or any other off-leash area or introduce it to any other animal except my resident animal(s) and any potential adopter's animal(s) (unless the Behavior Team advises against any such introduction).
- _____ **I will not** let a foster dog off leash outside of my home.
- _____ **I will not** leave a foster dog unattended in a yard, even one that is fenced.
- _____ **I will not** travel out of the area with a foster dog.
- _____ **I will not** hand off a foster dog to a sitter or another foster without first discussing it with the Dog Foster Placement Team at dog-foster-pleas@austinpetsalive.org.
- _____ **I will not** hand off a foster dog to a potential adopter or let them take a foster dog on a trial basis, field trip, or sleepover.
- _____ **I will** actively participate in marketing each foster dog and be responsive and courteous towards each potential adopter pursuant to the adoption process protocol that will be emailed to me.
- _____ **I will** respond to adoption inquiries within **24 hours**, and I will set up meet and greets with potential adopters within **5 days** of their inquiry.
- _____ **I will** provide marketing information (pictures, bios, videos) to our Dog Marketing Team at dog-marketing@austinpetsalive.org.
- _____ **I confirm** that I am willingly offering to foster and that I do not expect any goods or services in return, including an adoption fee reduction or waiver should I decide to adopt my foster dog.
- _____ **I understand** that APA! has final say on who adopts each foster dog. I also understand APA! **does not** adopt out biologically-related dogs to the same home (i.e. littermates or mom and puppy[ies]).
- _____ **I will immediately** report any bite or behavioral issue to the Behavior Team at dogbehaviorfollowup@austinpetsalive.org and the Dog Foster Manager at dog-foster-manager@austinpetsalive.org.
- _____ **I will immediately** notify the Dog Foster Manager at dog-foster-manager@austinpetsalive.org if my foster dog gets loose or is lost.
- _____ If I am fostering a scared dog, I have read the [Scared Dog Handout](#) and will comply with its terms.

Medical Care Acknowledgments: APA! is committed to ensuring that their dogs get the care they need to transition into their forever home. APA!'s dogs come from other shelters all over Texas, which makes it impossible to know for sure if they have been in contact with a contagious disease. To clarify your understanding of this potential risk in any shelter animal and our medical care expectations while you foster, please read and acknowledge the statements below:

- _____ **I will not** take a foster dog unless all my resident animals are fully vaccinated.
- _____ **I understand** that although any dog that I foster has been/will be medically examined and vaccinated, it is possible they may still be carrying a disease from a previous shelter or may have an underlying medical issue not initially identified on intake.
- _____ **I understand** that APA! has extensive expertise in treating shelter populations and in the kind of contagious diseases that affect shelter populations. I have read and acknowledge this [How We Make Medical Decisions for Non-Routine Care](#), and I will respect and defer to the APA! Medical Team's decisions regarding the care of a foster dog.
- _____ **I will notify** our Dog Foster Care Team at dog-foster-care@austinpetsalive.org immediately if a foster dog is showing any sign of illness or injury.
- _____ **I will not** allow any foster puppy to touch the ground in any public area; this includes at APA!
- _____ **I understand** that our APA! Medical Team provides all medical care for our foster dogs, and APA! will NOT reimburse me for the cost of ANY medical care outside of APA!

By signing below, I am agreeing to all of the expectations that the Dog Foster Team has set forth. I understand that I am still responsible for carefully reading the Dog Foster Handbook and any other materials that the Dog Foster Team provides to me and abiding by the policies set forth in these materials.

DF Team Representative _____ Date _____
Foster Print Name _____ Foster Sign Name _____