Dog Foster (DF)
PROGRAM AGREEMENT

I, _____, have agreed to foster dogs with Friends of Strays. I have been counseled by a representative of Friends of Strays 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 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 foster@friendsofstrays.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 FOS advises against any such introduction).

- ❑ **I will not** 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 Friends of Strays.

- ❑ **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 Marketing Team at holly@friendsofstrays.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 Friends of Strays has final say on who adopts each foster dog.

- ❑ **I will immediately** report any bite or behavioral issue to Friends of Strays at info@friendsofstrays.org.

- ❑ **I will immediately** notify Friends of Strays at info@friendsofstrays.org or 727-522-6566 ext 102 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: Friends of Strays is committed to ensuring that their dogs get the care they need to transition into their forever home. Friends of Strays' dogs come from other shelters, 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 Friends of Strays 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 Friends of Strays Medical Team's decisions regarding the care of a foster dog.

❑ **I will notify** our Dog Foster Care Team at info@friendsofstrays.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 Friends of Strays.

❑ **I understand** that the Friends of Strays Medical Team provides all medical care for our foster dogs, and Friends of Strays will NOT reimburse me for the cost of ANY medical care outside of Friends of Strays.

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 _____