



NUZZLES & CO

Foster Agreement

Long term, Temporary, Outings and Trial Adoption

Rules and General Agreement

Please read through the following carefully and initial each line. Please address any questions to a Nuzzles & Co. staff member. We want this to be a safe and enjoyable time for you and our Nuzzles pet. And thank you for fostering!! This applies to both Cats and Dogs.



PLEASE INITIAL THAT YOU AGREE TO THE FOLLOWING TERMS:

DATE: _____

_____ Please keep a leash secured to the dog's collar at all times while traveling in the car, or out for a walk. Sometimes a new dog might get scared in your car and bolt when you open the door. Make sure the doors in your home are all securely shut. ***Outside your home, the dog should never be allowed off the leash.***

_____ Please do not use retractable leashes when walking your foster dog. Please use the leash that is provided for you. (Retractable leashes can break and can not be as effective).

_____ Please follow all rules and regulations applying to dogs and walking dogs at any parks, trails, or areas where you visit with the dog.

_____ Please do not allow the dog to approach any other dogs unless you know them; do not allow your outing/sleepover dog to chase cats, domestic livestock, or other wildlife.

_____ Please be responsible and scoop up the dog's droppings when you are in public areas. Please bring your own bags (or take some of ours) and pack out all the scooped poop.

_____ Cats should be kept indoors at all times. Make sure the doors in your home are all securely shut.

_____ Please provide the cat with a clean litter box at all times, we can provide one if needed.

_____ Please feed the dog/cat the healthy food that we send with you. A disruption in their diet could cause problems when the animal returns to our care.

_____ If, for any reason, your outing/sleepover animal is injured or needs medical care, please call our Director of Operations immediately at 949-887-7164.

_____ If you are fostering Overnight, please return the sleepover pup promptly at 12:00 p.m. to the Adoption Center, unless you have made other arrangements that are written below.

IF YOU ARE LOOKING FOR LONG-TERM FOSTERING, PLEASE SEE BELOW (SKIP IF FTA/OUTING):

NOW THE IMPORTANT INFO NEEDED TO SET YOU UP WITH THE PERFECT FOSTER(S):

What type of animal are you interested in fostering (dog, cat, both)?

If you are interested in fostering a specific animal, what is their name?

How many pets do you currently have? (please list name, age, breed for each):

Do you currently have any foster pets? ___ Y ___ N

If yes, how many and for which group are you fostering for?

Please list any previous foster experience: _____

Are there any children in your household? ___ Y ___ N - If yes, what are their ages? _____

Do you rent or own? _____

If rent, do you have landlord's permission to foster? ___ Y ___ N

Landlord's name and phone number: _____

Please explain any restrictions on your ability to foster (time limit, breed restrictions, etc.): _____

Please Mark "X" for all that apply below:

Do you plan on moving in the next 60 days? YES ___ NO ___

How many hours a day would your foster pet(s) be alone?

___ Less than 2 hours ___ 4-8 hours ___ 9+ hours

Describe the noise activity in your home: ___ Quiet ___ Active ___ Loud

Describe the visitor activity in your home: ___ Family only ___ Mid-level ___ Many visitors

Describe the physical activity in your home: ___ Low ___ Moderate ___ Athletic/very active

Are you able/willing to foster special needs animals? ____ Yes ____ No

If yes, with which types of special needs would you be willing to help?

____ Seniors Non-contagious medical (i.e. deaf dogs, 3 legs, daily meds, etc.)

____ Contagious medical (i.e. ringworm, mange, FeLV, etc.)

____ Behavioral Issues

Are you able/willing to foster underage puppies or kittens? - foster length = a minimum of 2

weeks: ____ Yes ____ No ____ Underage puppies ____ Underage kittens

Nuzzles & Co often needs foster homes to care for kittens and puppies without a mother who will require bottle feeding. This requires round-the-clock care as they need to be bottle-fed every couple of hours. We will provide training and all supplies.

____ Bottle Babies: ____ Puppies ____ Kittens

Do you object to a representative of Nuzzles & Co, visiting your home to check on the pet in your care? ____ Yes ____ No

Please list any requests that we need to consider:

If you currently have pets, please list your vet's name and contact information:

Please explain any medical issues that any of your pets in your household have:

Please complete if interested in fostering dogs (cat-only fosters, please skip):

Do you have a fenced yard? ____ Yes ____ No

When you are home, the dog will primarily be kept: ____ Inside ____ Outside

Details: _____

When you are not home, the dog will be: ____ Inside ____ Outside ____ Crate

Details: _____

If interested in fostering cats:

Cats/Kittens must be kept inside at all times. Exceptions are feral cats/kittens.

If you have an “outing dog”, please return the dog promptly at the time you designate on the bottom of this form. **If you are taking an animal on a trial adoption (“foster to adopt”) you agree to finalize the adoption or return the animal by the agreed upon date. If we do not hear from you 48 hours after reaching out, the adoption will be finalized and the credit card on file will be charged. The animal's records and an adoption contract will then be mailed to you, which transfers ownership of the animal to you.** *Please note that if you do not return promptly at the time agreed, please contact the Director of Operations immediately at 949-887-7164. If you do not return the animal at the designated time, or call us promptly, we will take the necessary action to seek the safe return of our animal, which could include notifying authorities, or filing a claim with the Summit County Court for which you agree to reimburse us for all attorney's fees and costs.*

If you agree to abide by these rules, please read through the agreement below, complete the form at the bottom and return to a staff member at Nuzzles & Co.

1. **My Responsibility.** I acknowledge that I have read the above rules and understand them. I agree to abide by these rules and by all city, county, park and trail rules at all times while with my outing dog. I agree to not use a retractable leash on the dog I am fostering. In the interest of the safety of the animals, I acknowledge that Nuzzles & Co. has the right to revoke my privileges if these rules are not followed.
2. **I am Responsible for My Own Acts and Omissions.** I understand that I am responsible for myself, minor children for whom I am the parent and/or legal guardian. I hereby agree to be legally and financially responsible and will indemnify and hold Nuzzles & Co. harmless for my own, as well as my minor children and the outing/sleepover animal(s), acts and omissions.
3. **Assumption of the Risk.** *I am voluntarily participating in the outing and sleepover program with full knowledge of the risks and dangers involved and hereby agree to accept any and all risks of injury, death, or damage to myself, my animals(s) and/or my personal property.*
4. **Medical Acknowledgement.** All Nuzzles animals are prophylactically vaccinated and treated for the most common parasites while they reside with us. Despite these efforts, some infectious diseases take time to show symptoms and may develop after an animal is placed in a home. In addition, while adjusting to the home, some animals may have a suppressed appetite, develop diarrhea, or show signs of upper respiratory infection (more common with cats). Depending on the illness, my foster animal may be considered contagious to other pets or humans. I hereby acknowledge this and accept any risk associated with fostering this animal.
5. **Non-infectious Medical Acknowledgement.** I acknowledge that if my foster animal requires medical attention for non-infectious conditions that have occurred under my care, (i.e. bite wounds, ingesting foreign objects, injury sustained in the home, etc.) that I will be financially responsible for costs incurred to diagnose and/or treat such conditions.
6. **Release.** As consideration for being permitted by Nuzzles & Co. to take a animal on an outing or home for a sleepover, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of Nuzzles & Co. for injury or damage resulting from any act, omission, negligence or other acts, howsoever caused, by any employee, agent, contractor, or representative of Nuzzles & Co. as a result of my participation in the outing and sleepover program.

I hereby release Nuzzles & Co. from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in activities with the outing/sleepover dog.

7. **Acknowledgement.** *I have read this Release Agreement and fully understand that I will relinquish all claims or actions known now or in the future against Nuzzles & Co. I am of legal age and legally competent to sign this agreement and do so without any influence from anyone at Nuzzles & Co. and of my own free will.*

8. **Arbitration.** Any claim and/or controversy arising out of or relating to this Agreement or its breach thereof will be settled by arbitration in the State of Utah in accordance with the rule of the American Arbitration Association. This Agreement will be governed by and construed in accordance with the laws of the State of Utah without regard to conflicts of laws principles.

By signing below, I acknowledge that I am over the age of 18 and I have read and understood and agree to follow the Rules for the Dog Outing and Sleepover Program. I also acknowledge receipt and copy of the document mentioned so I may reference the rules and regulations of this agreement.

PLEASE FILL OUT CLEARLY AND LEGIBLY

Animals Name: _____

Fosters Name(s): _____

Signature(s): _____

Phone Number: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Date: _____

Check in/Return Date: _____

THIS MUST BE FILLED OUT FOR ALL TRIAL ADOPTERS:

Credit Card Information:

Card #: _____ CVC: _____

Expiration Date: _____ Billing zip code: _____

Adoption fee to be charged: _____

Foster Signature: _____

Nuzzles & Co. Employee: _____

All CC information provided will be kept confidential and returned to you at completion of adoption. If no response is received after we have contacted you, your cc will be charged for the adoption of this pet.

