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**Foster Care Contract**

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* **Before a dog can be placed in your home we will perform the reference checks and a home visit, and you must sign and send us the Foster Care Contract.**   
    
  I do hereby enter into this contract with West Michigan Bulldog Rescue, of my own free will and agree to give foster care and shelter to rescued dogs for a limited period of time. I further know and understand that WMBR does not have complete prior knowledge of the rescued dogs' health and temperament, and shall take all necessary precautions to protect myself and others who might come into contact with the dog(s).  
    
  I understand and agree that I shall not hold WMBR responsible for any injury, illness or disease contracted by any dogs or other animals privately owned, or for property damage or harm to other dogs or persons who may come into contact with a foster dog(s) while it is in my care.  
    
  I agree that the dog(s) I am fostering shall not be removed from my address or disposed of without agreement and support of WMBR and I will return the foster(s) immediately should some problem or circumstance arise where I am no longer willing or able to care for the foster dog in my home in the manner which WMBR expects from its foster care providers.  
    
  I understand that WMBR shall be responsible for the payment of all necessary and pre-approved veterinary care of the foster dog while the dog is in my care, but any veterinary visit must have prior approval from a WMBR Executive Board Member, except in the case of a life or death emergency. I shall keep a record of the approval with the date. I further understand and agree to pay for all veterinary care, if necessary, until such reimbursement of funds is made by WMBR. I shall maintain clear and accurate records of all expenditures and keep original receipts, and I realize that no reimbursement shall be made until all such records are received by WMBR. In order to be reimbursed for expenses for the foster dog(s) I shall submit original receipts along with notation of the approval given by a Board Member for that expenditure, a clear explanation of what the expenditure was for and the total amount to be reimbursed.  
    
  I am fully aware that under no circumstances shall a WMBR foster dog be bred or be allowed to breed, and I shall take all necessary precautions to prevent this from happening. I agree to keep all WMBR dogs in safe, sanitary and healthy conditions and to provide them with love and attention to help them overcome any fear or aggressiveness that causes unacceptable behavior. I understand and agree that all WMBR dogs must be spayed or neutered as quickly as possible and be provided with basic medical care as outlined in the Foster Care Guidelines before a placement is made.  
    
  I understand that under no circumstances does WMBR pay for boarding at a foster home. This is a volunteer organization that does not pay foster care providers for their time or services in any way.  
    
  I shall, upon request, immediately release any WMBR foster dog to a representative of the organization within 24 hours of the request by a WMBR Executive Board member.  
    
  I understand that I have no authority to place or promise any foster dog in my care to any home without concurrence from an Executive Board Member. This includes returning the dog to its original owner.  
    
  In the event of abuse or injury to any of the foster dogs or in the case of a breach of contract, the foster dog(s) must be returned immediately, with all dog related items the previous owner may have provided with their dog, and all paperwork included, to WMBR at my sole expense. This contract shall be governed by the laws of the State of Michigan.  
    
  I enter into this contract with WMBR with the full knowledge that I will be responsible for the safety and well-being of the foster dog while it is in my care, and I shall abide by all agreements and understandings set forth in this Foster Care Contract.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

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Email:

Phone:

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