

Dallas Animal Services Foster Agreement

_____ I acknowledge that I have received a copy of the DAS Foster Care Manual, and that I have read this Manual in its entirety. I agree to fully comply with the policies, guidance, and requirements set forth in the Manual as applicable to any foster animal in my care. I understand that failure to follow the procedures outlined in the Handbook, Foster Agreement, or Volunteer Form could result in my termination from any program at DAS.

_____ I understand that DAS reserves the right to check on the welfare of the foster animal in my care, which may include a visit to my foster home. I further understand that DAS may remove the animal from my care at any time and for any reason whatsoever.

_____ I understand that when I receive an animal as part of the DAS Foster Program, I assume complete and full responsibility for the behaviors and actions of that foster pet. I understand that I will be solely responsible for any injury or damage caused by my foster animal.

_____ I agree not to take the foster animals in my care to dog parks, off-leash areas, daycare facilities, crowded public areas, or any similar locations, unless given prior approval by the DAS Foster Program Team.

_____ I understand that per the isolation protocol in my manual, DAS recommends that the foster animal(s) in my care should be kept separate from any other animals currently living in my home for up to 72 hours.

_____ I understand that all DAS foster pets are the property of Dallas Animal Services and may not be adopted until DAS has received all adoption paperwork and DAS has expressly communicated the adoption is approved.

_____ I agree to notify the DAS Foster Program Team Member immediately by phone and in writing if the foster animal(s) in my care becomes lost or separated from me or if the foster animal demonstrates any aggressive behavior, including, but not limited to, biting a person or another animal.

_____ I agree to notify DAS if I am bitten by the foster animal in my care, or if I receive any other physical injury resulting from interaction with the foster animal in my care. I further agree to notify DAS and seek immediate medical attention, at my own expense, for myself or any member of my household who is bitten or suffers any other physical injury resulting from interaction with the foster animal in my care.

_____ I agree to return the foster animal(s) in my care at the scheduled time or at any time to any specified upon the request of the DAS Foster Program Team Member or any DAS staff member

_____ I agree to receive and respond to calls and emails concerning the foster animal(s) in my care, from DAS shelter staff, veterinary staff, and potential adopters.

_____ I agree to transport the foster animal to DAS or an approved veterinary facility to receive medical treatment as requested by the DAS Foster Program Team Members or DAS staff. If the foster animal experiences a medical emergency, I agree to follow the instructions outlined in the Foster Program Handbook.

Name _____

Phone _____ Email _____

Signature of Volunteer _____ Date _____