



**new leash on life**  
OF MIDDLE TENNESSEE  
newleashonline.org

## **Foster Agreement and Contract**

**Animal Name:** \_\_\_\_\_

**Animal Microchip #** \_\_\_\_\_

**Dog- Male    Female**

**Intact- Yes    No**

**Age:** \_\_\_\_\_

**Color/Breed** \_\_\_\_\_

### **Please initial each statement:**

\_\_\_\_\_ I hereby acknowledge receiving the animal described above.

\_\_\_\_\_ I understand the dog(s)/pup(s) I foster must be part of the family and never left outside unattended at any time.

\_\_\_\_\_ I understand to feed the dog(s)/pup(s) as instructed per the New Leash on Life Staff with the food they provide for me.

\_\_\_\_\_ I understand I must reach out to New Leash on Life for any medical emergencies or questions first before any veterinary care is given by calling the Medical Line at 615-955-0668.

\_\_\_\_\_ I understand I must follow any veterinary advice/protocol given from New Leash on Life staff/Veterinarian.

\_\_\_\_\_ I understand I will need to provide transportation for my foster animals to and from veterinarian appointments and adoption events. If I can not be available for a vetting appointment or adoption event I will let Dawn Ambrose at 615-476-3516, [dawnambrose1@yahoo.com](mailto:dawnambrose1@yahoo.com), know as soon as possible so she can try to assist in finding transportation.

\_\_\_\_\_ I understand that my dog(s)/pup(s) may not be able to go to certain places like pet stores/farm stores, public events or dog parks without permission from New Leash on Life due to age, vaccination status or temperament. You will be notified if this is the case.

\_\_\_\_\_ We at New Leash on Life would love for you to help network your dog(s)/pup(s) for adoption but you agree to have any potential adopter contact New Leash on Life to fill out the proper paperwork and go through the adoption application process before any placement. At no time is an animal allowed to leave your care for a sleepover or adoption without consent from New Leash on Life staff.

\_\_\_\_\_ If an animal in your care should become lost or missing you will contact New Leash on Life on the Medical Line - 615-955-0668- immediately.

\_\_\_\_\_ I agree that this animal is to remain the sole property of New Leash on Life during the foster period.

\_\_\_\_\_ I understand that the animal will be deemed stolen if not returned upon request.

\_\_\_\_\_ I agree to return the animal upon request or if I am no longer able to adequately care for it.

\_\_\_\_\_ I understand that my purpose is to aid said animal until its health is restored, temperament is suitable for adoption or age is appropriate for adoption.

\_\_\_\_\_ I agree to provide the animal(s) in my care with love and care, including but not limited to appropriate food, water, shelter and medication when required.

\_\_\_\_\_ I agree to hold New Leash on Life harmless from any direct or consequential damages arising out of this foster care agreement.

Signature of foster \_\_\_\_\_

Signature of New Leash on Life Representative \_\_\_\_\_

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

