

13224 Sweet Gum Rd, Brooksville, Fl 34613

Telephone/Cell: 352-201-9448 [www.darlasredstandardpoodles.com](http://www.darlasredstandardpoodles.com/)

FOSTER HOME AGREEMENT

This agreement is binding and will start on this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_(Mo.) in year\_\_\_\_\_\_\_\_\_ between Darla Spencer and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 This is an agreement for:

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| Foster Home to Own: Your Initials\_\_\_\_\_\_\_\_\_\_\_\_ My Initials\_\_\_\_\_\_\_\_\_\_\_\_ |
| Temporary Foster Home: Your Initials\_\_\_\_\_\_\_\_\_\_\_\_ My Initials\_\_\_\_\_\_\_\_\_\_\_\_ |

The dog will live at your home as a part of your family. If it is found that you have breached the agreement in any way the dog will be extracted from your home immediately. If for any reason the dog is not a fit for you or your home the dog will be returned to me immediately.

You must agree to the rules and guidelines listed below in order to qualify for a “Foster Home Temporary or To Own” dog. Please initial next to each line acknowledging your understanding of the rules and guidelines set forth in this agreement. Please disregard anything with N/A.

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| Your Initials  | My Initials  | Agreement Rules & Guidelines  |
|   |   | Must have previously owned a dog and have experienced the responsibility of total care for that dog, from daily care to complete healthcare. By initialing this section you acknowledge this to be true and acknowledge you have had complete responsibility for a dog in the last 5 years.   |
|   |   | MUST feed dogs a high quality dog food along with NuVet Vitamins purchased on my website. You must keep dog washed, clipped and well groomed.  |
|   |   | We must mutually agree on a Veterinarian that is convenient and acceptable. Must provide vet’s name, address and contact information.  |
|   |   | Need to have fenced yard and/or walk dog always on leash. Keep dog safe and secure.    |

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| Your Initials  | My Initials  | Agreement Rules & Guidelines Cont.   |
|   |   | Must only breed to a mutually approved Stud or Dam. Must submit request in writing with Pedigree and OFFA testing along with proof of registration and AKC papers of sole ownership. Must not breed the dog until you receive a letter of approval from me with my signature and date.  |
|   |   | Natural Breeding: Stud or Dam must have up to date Brucellosis and Mycoplasma Test. If AI by frozen, only Brucellosis and Rabies necessary.  |
|   |   | Must understand transmitted venereal diseases and do all precautions necessary to stop the transmission of such diseases and protect the dog. If a venereal disease is caught you will be solely responsible for treatment of the dog.  |
|   |   | You will cover all expenses for the dog such as annual healthcare, preventive medicines (Heart Guard, flea & Tick prevention etc.…), shots and all expected care of a dog as it will be your sole responsibility  |
|   |   | Need to exercise the dog to keep social with walking and playing and training. Physical abuse will not be tolerated and if the dog shows signs of abuse it will be removed immediately from your custody.  |
|   |   | Female - Need to have knowledge of heat cycles of dogs to be able to catch her in cycle.  |
|    |   | Female - After the female dog has her 6 litters we will end the agreement. I will have dog spayed at my expense and dog will be owned by you at this point with all necessary paperwork provided.  |
|   |   | Female - dog will be brought to me on her 9th day of heat and will stay for one week or we will agree on a stud and arrangements to breed dogs.  |
|   |   | Male - The stud will be used as a breeding stud for 4 years I will have dog neuter at my vets and I will pay the bill and then the papers will go in your name as owner and will be solely your family member .  |
|   |   | When puppies are born I get first pick of the litter. We will then split the litter 50/50 and you can keep 100% of the proceeds earned from your half of the litter when sold. You are responsible for selling your half of the litter. I will pick up my 50% of the litter at 6-8 weeks.  |
|   |   | You will be responsible for all necessary shots, worming and health certificates on the whole litter. Must use mutually agree on a Veterinarian.   |
|   |   | If you breach this agreement and legal proceedings are necessary you agree to be responsible for all lawyer and court fees.  |
|   |   | Special Agreed Upon Arrangements:        |
|  |  | Special Agreed Upon Arrangements:                 |

By signing this agreement I am agreeing to all contents of this document.

Foster Care Owner/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

APPLICATION TO FOSTER

A DARLA’S RED STANDARDS POODLE

Please fill out the application and email back to me at mypuzzel147@yahoo.com .

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| PRINT FULL NAME OF FOSTER CARE OWNERS:  |
| EMAIL:  |
| STREET ADDRESS:  |
| CITY:  |
| STATE/ZIP:  |
| TELEPHONE/CELL: HOME:  |
| AGE: MARITAL STATUS:  |
| CHILDREN AT HOME? IF SO, AGES:  |
| VET PREFERENCE : PHONE:  |
| VET PREFERENCE ADDRESS:  |
| OTHER PETS HOME? YES or NO TYPE?  |
| HOW MANY? ARE THEY SPAYED /NUTURED? YES or NO  |

REFERENCES: List 3 references who’ve known you for 5 years or more must include 1 Veterinarian reference and if possible a groomer.

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| Name  | Address  | Primary Contact Number  |
| 1.   |   |   |
| 2.   |   |   |
| 3.   |   |   |