



# Southern States Mastiff Rescue

AL, GA, MS, NC, SC, TN, VA  
www.southernstatesmastiffrescue.org

## FOSTER AGREEMENT

The purpose of a foster home is to provide for the needs of a homeless mastiff and to obtain information about the personality, habits and behavior of that mastiff to aid in its successful placement in a permanent adoptive home.

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This agreement between Southern States Mastiff Rescue, hereinafter **SSMR**, and \_\_\_\_\_ hereinafter the foster, is entered into to achieve this result for all **SSMR** mastiffs placed with the foster.

The parties agree as follows:

1. **SSMR** is the owner of the mastiff.
2. The foster has been approved by **SSMR** to foster a mastiff.
3. The foster will provide food, shelter, and necessary physical care in a loving environment for the mastiff. The foster will not allow the mastiff to be outside the house unattended and unrestrained by a fence or leash. The foster will not place the mastiff in any situation that might present a risk to the health or welfare of the mastiff, another animal or person.
4. **SSMR** will provide the following by a veterinarian of their approval
  - a. A basic health exam for the mastiff to assess general condition, vision, hearing, heart and lung function.
  - b. A heartworm test and appropriate heartworm preventative for the duration of the foster placement.
  - c. Flea and tick preventative for the duration of the foster placement.
  - d. Vaccinations, unless current, for rabies, distemper/parvo, and bordatella.
  - e. Micro-chipping of the mastiff.
  - f. Spay or neuter at a time and location approved by **SSMR**.

5. The foster shall have the right to provide additional health care at his/her expense. The foster will notify **SSMR** in advance of any such care and obtain approval. **SSMR** shall have no obligation to pay such expenses.

6. The foster will notify **SSMR** of any and all problems or changes in the condition of the mastiff, whether physical or behavioral, so that a determination may be made concerning the necessity for diagnostic work and treatment.

7. In the event of a health emergency the foster will immediately contact one of the **SSMR** Trustees for a decision and authorization concerning treatment. *For contact numbers see Master Contact Sheet.*

8. The foster shall allow an authorized representative of **SSMR** to examine the mastiff at a time convenient to the foster and to make inquiry regarding the mastiff to any person at any time. **SSMR** shall have the right to determine at its discretion that a termination of the foster placement is in the best interests of the mastiff. **SSMR** may remove the mastiff from the foster at any time without notice.

9. The foster understands and agrees that the goal of **SSMR**, and the purpose of foster, is to accomplish the permanent adoption of the mastiff by an approved applicant. The foster agrees to be available to discuss the mastiff with prospective applicants when requested and will make the mastiff available for meetings with potential adopters at a time and location convenient to the foster.

10. The foster shall have the first option to adopt the mastiff. This option must be exercised and finalized by a signed adoption contract and payment in full of the adoption fee within seven days of notification of an adoption applicant's request to meet the mastiff. In the event that the foster does not exercise this option within the time specified, the option shall terminate.

11. The foster is fully aware of the risks that are involved in any interaction with dogs and is fostering a mastiff for **SSMR** voluntarily. He/she knowingly assumes all risks that exposure to dogs may entail, including but not limited to, serious bodily injury and death.

12. The foster waives, releases, discharges, indemnifies and holds harmless **SSMR**, its trustees, volunteers, staff and agents from any and all claims and damages sustained by him/her in connection with exposure to such dogs.

Signature of Foster \_\_\_\_\_

Name of Foster (printed) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date \_\_\_\_\_

Signature of **SSMR** Representative \_\_\_\_\_

Name of **SSMR** Representative (printed) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date \_\_\_\_\_



**Southern States Mastiff Rescue**

a 501(c)-3 Charitable Trust