

### Foster/Adopter Cooperative Contract

***In an effort to improve communication and accountability in sheltering and rescue, this contract serves to offer fosters and adopters a formal method for gathering information between themselves and a shelter or rescue organization. When fosters and adopters are provided accurate, complete transparency, lasting matches are more likely and the foster/adopter experience reflects positively on the rescue community even if it is discovered that a match is incompatible. At least two identical copies should be created, one for "Foster/Adopter" and one for "Shelter/Rescue".***

Oa. This Contract applies to the Animal named under "Animal Name" and the legal owner of Animal at the time of Contract drafting named under "Shelter/Rescue".

Ob. By signing, the Shelter/Rescue certifies that all information included in this contract is complete and accurate and the "Shelter/Rescue Representative" represents and warrants to the "Individual Fostering/Adopting Animal" that they have full power and authority to enter into this Contract.

Oc. For all questions contained within Contract, responses are to be relating to the full knowledge of any person in the Shelter/Rescue relating to Animal during any time in Animal's past or present life including, but not limited to Animal's time within a previous or current shelter/rescue and/or foster/finder/owner's possession, time before, during, and/or after any medical or training services provided, time as a stray/roaming animal, and/or time in any previous or current adoptive home.

Od. As related to any reference of supplying "Media", Media refers to any and all relevant documents, photos, videos, social media posts, police tickets or reports, court summons, veterinary or medical records, written attestations (physical or electronic), and/or any other related material. Rescue/Shelter is to provide any and all Media in a manner that Foster/Adopter can maintain permanent possession of. By not supplying Media, Shelter/Rescue attests that such media does not exist in any form by any person.

Oe. Use supplemental form if more space is needed.

#### 1. Behavior.

**1a. Has Animal bitten (teeth made bodily contact with or without breaking skin) or scratched with teeth another animal? Select at least one.**

- Yes, bitten another dog
- Yes, scratched with teeth another dog
- Yes, bitten another animal other than dog
- Yes, scratched with teeth another animal other than dog
- No, Animal has not bitten/scratched with teeth another dog/animal

If yes, explain including full detail of incident(s) including events before, during, and after incident(s), description of all scratch and bite marks or wounds, all treatment sought for Animal and any other animal involved, and any other relevant information. Provide any and all relevant Media.

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**1b. Has Animal bitten (teeth made bodily contact with or without breaking skin) or scratched with teeth a person? Select at least one.**

- Yes, bitten a person
- Yes, scratched with teeth a person
- No, Animal has not bitten/scratched with teeth any person

Select if applicable. If not selected, Shelter/Rescue is attesting item does not apply to Animal.

- Any of the above checked items relate towards a person/people that is a child/children.

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If yes, explain including full detail of incident(s) including events before, during, and after incident(s), description of all scratch with teeth and bite marks or wounds, approximate age of any and all persons involved, any and all treatment sought for any person(s) involved, and any other relevant information. Provide any and all relevant Media.

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**1c. Relating to Animal's general behavior, check all that Animal has ever displayed. Select at least one.**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Persistent soiling  | <input type="checkbox"/> Nuisance behaviors   | <input type="checkbox"/> Destructive behavior    | <input type="checkbox"/> Opening/escaping from doors/gates/crates  |
| <input type="checkbox"/> Been at large   | <input type="checkbox"/> Fear   | <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Nervousness   |
| <input type="checkbox"/> Escaped confinement/fencing   | <input type="checkbox"/> Noise violation  | <input type="checkbox"/> Persistent vocalization | <input type="checkbox"/> Isolation/separation/confinement issues   |
| <input type="checkbox"/> Tail chasing  | <input type="checkbox"/> Light/shadow chasing   | <input type="checkbox"/> Fly snapping            | <input type="checkbox"/> "Excitement grin" (showing teeth when excited)                                  |
| <input type="checkbox"/> OCD   | <input type="checkbox"/> Consumption of inedible items (stuffing/toys/plastic/poop/other) |  | <input type="checkbox"/> Got loose out of collar/harness or is likely to get loose out of collar/harness |
| <input type="checkbox"/> Other   |   |  |  |
| <input type="checkbox"/> Animal has displayed none at any time nor any other behaviors of note |   |  |  |

Select if applicable. If not selected, Shelter/Rescue is attesting item does not apply to Animal.

- Animal has been taken to vet and/or underwent foreign body surgery at any point in Animal's lifetime to Rescue/Shelter knowledge.

For any and all behavior(s) and/or incident(s) selected above, explain in detail and include any other relating information. Provide any and all relevant Media.

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**1d. Relating to Animal's behavior towards a person or people, check all that Animal has ever displayed. Select at least one.**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Barking  | <input type="checkbox"/> Scratching with nails   | <input type="checkbox"/> Resource guarding    | <input type="checkbox"/> Difficulties with body handling and/or handling at vet/groomer   |
| <input type="checkbox"/> Lunging  | <input type="checkbox"/> Humping                 | <input type="checkbox"/> Startle response     | <input type="checkbox"/> Avoiding collar/harness being put on                             |
| <input type="checkbox"/> Growling   | <input type="checkbox"/> Hard stare              | <input type="checkbox"/> Humping              | <input type="checkbox"/> Resisting being directed into a crate/car/bathtub                |
| <input type="checkbox"/> Snapping   | <input type="checkbox"/> Whale eye               | <input type="checkbox"/> Jumping              | <input type="checkbox"/> Piloerection (hair standing up on back)                          |
| <input type="checkbox"/> Fear   | <input type="checkbox"/> Shyness                 | <input type="checkbox"/> Anxiety              | <input type="checkbox"/> Difficulties with bathing, brushing, nail trims, or ear cleaning |
| <input type="checkbox"/> Freezing   | <input type="checkbox"/> Alligator roll on leash | <input type="checkbox"/> Avoiding touch/reach | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Animal has displayed none at any time nor any other behavior of note |  |   |   |

Select if applicable. If not selected, Shelter/Rescue is attesting item does not apply to Animal.

- Any of the above checked items relate towards a person/people that is a child/children. Explain below.

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For any and all behavior(s) and/or incident(s) selected above, explain in detail and include any other relating information. Provide any and all relevant Media.

**1e. Relating to Animal’s behavior towards another dog or other animal, check all that Animal has ever displayed. Select at least one.**

- Barking       Scratching with nails       Resource guarding       Piloerection (hair standing up on back)
- Lunging       Humping       Startle response       Fear
- Growling       Hard stare       Humping       Shyness
- Snapping       Whale eye       Jumping       Anxiety
- Freezing       Pinning to ground       Other       Animal has displayed none at any time nor any other behaviors of note

For any and all behavior(s) and/or incident(s) selected above, explain in detail and include any other relating information. Provide any and all relevant Media.

**2. Medical.**

**2a. Is Animal spayed/neutered? Select at least one.**

- Yes, previously to Shelter/Rescue acquisition       Yes, during Shelter/Rescue ownership       No, Animal is not spayed/neutered

Date/location of spay/neuter: \_\_\_\_\_

Select at least one.

- No spay/neuter cost exists       Spay/neuter cost exists, paid by Shelter/Rescue       Spay/neuter cost exists, paid by Foster/Adopter, no reimbursement

If costs exist, covered by rescue, select one.

- Cost covered upfront       Cost reimbursed: Reimbursement timeline and manner of payment: \_\_\_\_\_

If needed, are there low cost programs available in the area of the Shelter/Rescue or Foster/Adopter? Select one.

- Yes     No     Maybe

If yes, detail low cost opportunities below.

If Animal is not spayed/neutered, explain why not and any requirement and timeline for Foster/Adopter to have Animal spayed/neutered. If Animal is spayed/neutered, provide any and all Media (documentation and/or vet attestation portraying the spay/neuter status of Animal).

### Foster/Adopter Cooperative Contract

#### 2b. Is Animal up to date on all essential vaccinations/preventatives per veterinary recommendation based on geographic region?

**Vaccinations.** *Select at least one.*

- Yes, previously to Shelter/Rescue acquisition
- Yes, during Shelter/Rescue ownership
- No, Animal is not up to date. Reason: \_\_\_\_\_

*Select at least one.*

- No vaccination cost exists
- Vaccination cost exists, paid by Shelter/Rescue
- Vaccination cost exists, paid by Foster/Adopter, no reimbursement

*If costs exist, covered by rescue, select one.*

- Cost covered upfront
- Cost reimbursed: Reimbursement timeline and manner of payment: \_\_\_\_\_

*If needed, are there low cost programs available in the area of the Shelter/Rescue or Foster/Adopter? Select one.*

- Yes
- No
- Maybe

*If yes, detail low cost opportunities below.*

**Preventatives.** *Select at least one.*

- Yes, previously to Shelter/Rescue acquisition
- Yes, during Shelter/Rescue ownership
- No, Animal is not up to date. Reason: \_\_\_\_\_

*Select at least one.*

- No preventative cost exists
- Preventative cost exists, paid by Shelter/Rescue
- Preventative cost exists, paid by Foster/Adopter, no reimbursement

*If costs exist, covered by rescue, select one.*

- Cost covered upfront
- Cost reimbursed: Reimbursement timeline and manner of payment: \_\_\_\_\_

List all presently valid vaccinations and flea/tick/heartworm preventatives (include specific brand/product name(s)) administered to Animal, date administered, and name of administering individual or vet/hospital and when each vaccination and flea/tick/heartworm preventative will be due next. If Animal is outstanding for any essential vaccinations/preventatives per veterinary recommendation based on geographic region, explain why Animal is not up to date on essential vaccinations/preventatives and any requirement and timeline for Foster/Adopter to have Animal brought up to date. If Animal is not up to date on essential vaccinations/preventatives based on geographic region as a product of veterinary advisement, explain reason and provide vet and hospital name and contact information and any and all Media (documentation and/or vet attestation).

#### 2c. Has Animal been tested for bloodborne illnesses/diseases? *Select at least one.*

- Yes, previously to Shelter/Rescue acquisition
- Yes, during Shelter/Rescue ownership
- No, Animal was not tested. Reason: \_\_\_\_\_

Date/location of testing (include any rechecks done): \_\_\_\_\_

*Select at least one.*

- No testing cost exists
- Testing cost exists, paid by Shelter/Rescue
- Testing cost exists, paid by Foster/Adopter, no reimbursement

*If costs exist, covered by rescue, select one.*

- Cost covered upfront
- Cost reimbursed: Reimbursement timeline and manner of payment: \_\_\_\_\_

### Foster/Adopter Cooperative Contract

If no, explain why Animal was not tested and any requirement and timeline for Foster/Adopter to have Animal tested.

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If tested, did Animal test positive for any bloodborne illness/disease? *Select one.*

- Yes, Animal tested positive for one or more bloodborne illness(es)/disease(s)       No, Animal did not test positive for any bloodborne illness/disease

If yes, explain the illness(es)/disease(s) in detail, treatment provided, any further treatment still needed, any related physical/medical/dietary limitations resulting from, and vet attestation to Animal’s current risk and/or contagious status. Provide any and all Media (vet records).

- No further treatment cost exists  
 Further treatment cost exists, paid by Shelter/Rescue       Further treatment cost exists, paid by Foster/Adopter, no reimbursement

*If costs exist, covered by rescue, select one.*

- Cost covered upfront       Cost reimbursed: Reimbursement timeline and manner of payment: \_\_\_\_\_

*If yes selected above, select one.*

- Yes, related physical/medical/dietary limitations resulting from exist       No, related physical/medical/dietary limitations resulting from do not exist
- 

**2d. Has Animal experienced any other illness, disease, or injury?** *Select at least one.*

- Yes, previously to Shelter/Rescue acquisition       Yes, during Shelter/Rescue ownership       No, Animal has not experienced any other illness/disease/injury

If yes, explain the illness(es)/disease(s)/injury(s) in detail, treatment provided, any further treatment still needed, any related physical/medical/dietary limitations resulting from, and vet attestation to Animal’s current risk and/or contagious status. Provide any and all Media (vet records).

- No further treatment cost exists  
 Further treatment cost exists, paid by Shelter/Rescue       Further treatment cost exists, paid by Foster/Adopter, no reimbursement

*If costs exist, covered by rescue, select one.*

- Cost covered upfront       Cost reimbursed: Reimbursement timeline and manner of payment: \_\_\_\_\_

*If yes selected above, select one.*

- Yes, related physical/medical/dietary limitations resulting from exist       No, related physical/medical/dietary limitations resulting from do not exist
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**Foster/Adopter Cooperative Contract****2e. Has Animal been exposed to rabies, parvo, distemper, or other contagious illness?**

*If no, select box below.*

- Animal has not been exposed to rabies, parvo, distemper, or other contagious illness via direct contact with a contagious or contagious suspected animal nor housed in a shelter/home/other that currently or previously harbored a contagious or suspected contagious animal.

If no above cannot be attested to, explain Animal's exposure and the contagious illness(es) of concern in detail and include and vet attestation to Animal's current risk and/or contagious status. Provide any and all Media (vet records).

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*If no above cannot be attested to, should Animal become affected by contagious illness(es) of concern above within full range of incubation period beginning at most recent date of last exposure noted above, who will be responsible for treatment costs? Select one.*

- If treatment cost exists, paid by Shelter/Rescue       If treatment cost exists, paid by Foster/Adopter, no reimbursement

*If costs exist, covered by rescue, select one.*

- Cost covered upfront       Cost reimbursed: Reimbursement timeline and manner of payment: \_\_\_\_\_

**2f. Has Animal presented any of the following at any time? Select at least one.**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Persistent itchiness  | <input type="checkbox"/> Excessive licking     | <input type="checkbox"/> Persistent coughing/sneezing/wheezing   | <input type="checkbox"/> Reoccurring or persistent ear infections       |
| <input type="checkbox"/> Persistent hotspots   | <input type="checkbox"/> Allergy               | <input type="checkbox"/> Food or environmental sensitivity       | <input type="checkbox"/> Kidney disease/kidney concerns                 |
| <input type="checkbox"/> Dental decay  | <input type="checkbox"/> Mouth sensitivity     | <input type="checkbox"/> Lockjaw or slack jaw                    | <input type="checkbox"/> Heart murmur/DCM/cardiac concerns              |
| <input type="checkbox"/> Tremors   | <input type="checkbox"/> Lack of appetite      | <input type="checkbox"/> Carsickness                             | <input type="checkbox"/> Issues or struggling with urinating/defecating |
| <input type="checkbox"/> Collapse  | <input type="checkbox"/> Lameness              | <input type="checkbox"/> Lack of use of limb or bodily function  | <input type="checkbox"/> Involuntary urination/defecation               |
| <input type="checkbox"/> Blood in stool/urine  | <input type="checkbox"/> Cherry eye            | <input type="checkbox"/> Deafness/hearing difficulties           | <input type="checkbox"/> Blindness/visual difficulties                  |
| <input type="checkbox"/> Seizure   | <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Pancreatitis                            | <input type="checkbox"/> HGE hemorrhagic gastroenteritis                |
| <input type="checkbox"/> Dementia/sundowners   | <input type="checkbox"/> Paralysis             | <input type="checkbox"/> Previously healed fractured/broken bone | <input type="checkbox"/> Hypothyroidism/hyperthyroidism                 |
| <input type="checkbox"/> Prone to yeast  | <input type="checkbox"/> Current pregnancy     | <input type="checkbox"/> Previous pregnancy                      | <input type="checkbox"/> Phantom pregnancy                              |
| <input type="checkbox"/> Fainting  | <input type="checkbox"/> Genetic abnormalities | <input type="checkbox"/> Congenital abnormalities                | <input type="checkbox"/> Persistent breathing issues/airway concerns    |
| <input type="checkbox"/> Mass/growth/tumor   | <input type="checkbox"/> Narcolepsy            | <input type="checkbox"/> ACL/CCL tear/injury                     | <input type="checkbox"/> Hip dysplasia                                  |
| <input type="checkbox"/> Other internal  | <input type="checkbox"/> Other neurological    | <input type="checkbox"/> Other muscular/skeletal                 | <input type="checkbox"/> Other cognitive                                |
| <input type="checkbox"/> Animal has not presented nor is suspected to possess any medical item of note |  |  | <input type="checkbox"/> Other  |

If selected any above, explain the item in detail, treatment provided, any further treatment still needed, and any related physical/medical/dietary limitations resulting from. Provide any and all Media (vet records).

- No further treatment cost exists       Further treatment cost exists, paid by Foster/Adopter, no reimbursement

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*If costs exist, covered by rescue, select one.*

Cost covered upfront

Cost reimbursed: Reimbursement timeline and manner of payment: \_\_\_\_\_

*If selected any above, select one.*

Yes, related physical/medical/dietary limitations resulting from exist

No, related physical/medical/dietary limitations resulting from do not exist

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### 3. Chain of Custody.

**3a. How long has Animal been in the legal ownership of Shelter/Rescue? Include all time periods, past and present.**

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**3b. Does Shelter/Rescue have proof of legal ownership of Animal? If yes, explain in detail. If no, write no.**

*Examples of proof of legal ownership include but are not limited to court verdict awarding custody of Animal to Shelter/Rescue, legally binding owner surrender contract, Animal being in care of Shelter/Rescue for longer than legally required stray hold **and** Shelter/Rescue did due diligence to reunite Animal with owner, transfer paperwork from previous shelter/rescue, return or surrender paperwork if Animal was returned to Shelter/Rescue by previous adopter.*

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**3c. Do any other the following manners of intake apply to Animal? Select at least one.**

Acquired from another shelter/rescue

Returned by previous foster

Returned by previous adopter

Animal was not acquired from another shelter/rescue nor returned by a previous foster/adopter at any time during Shelter/Rescue ownership

***If acquired from another shelter/rescue:***

*How long was Animal at other shelter/rescue? \_\_\_\_\_*

*Why was Animal transferred? \_\_\_\_\_*

***If returned by previous foster/adopter:***

*How many times has Animal been returned by a previous foster or adopter in total? \_\_\_\_\_*

*How long was each adoption/foster period for Animal prior to each return? \_\_\_\_\_*

*Why was Animal returned by adopter/foster each time? \_\_\_\_\_*

*Behavior/medical information from previous shelter/rescue/adopters/foster homes/owners should be included in responses to previous questions within Contract.*

### Foster/Adopter Cooperative Contract

#### 4. Miscellaneous.

**4a. Should Foster/Adopter need to return Animal to Shelter/Rescue, what is the specific length of time that Shelter/Rescue agrees to retrieve Animal by? Explain in detail any potential barriers to return.**

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**What will be the manner of return of Animal?**

Shelter/Rescue will arrange for pick up of Animal by *(insert by who)* \_\_\_\_\_  Foster/Adopter will transport Animal within a \_\_\_\_ hour radius

**Will Foster/Adopter be reimbursed for mileage and/or gas in the event of return and Foster/Adopter is required to transport Animal within the radius outlined above? Select at least one if transportation will be required.**

No, reimbursement will not be provided

Yes, reimbursement will be provided for  gas  miles

Reimbursement timeline and manner of payment: \_\_\_\_\_

**4b. Detail any additional information that a Foster/Adopter should be aware of.**

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**Animal Name**

**Shelter/Rescue (Legal Owner of Animal)**

\_\_\_\_\_  
Animal Name and Any Other Names Known By Print

\_\_\_\_\_  
Shelter/Rescue Name & EIN

\_\_\_\_\_  
Animal Breed/Age/Color

\_\_\_\_\_  
Representative Name Print

\_\_\_\_\_  
Animal Description/Identifiable Features

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Animal Microchip *if applicable*

\_\_\_\_\_  
Date

*Note: If Shelter/Rescue does not have an EIN, the entity is not a registered business with their state nor can they be a 501c3 tax deductible charity. If Shelter/Rescue refuses to provide an EIN, their status as a registered entity cannot be verified. This does not apply to individuals that provide private rescuing and rehome work.*

**Individual Fostering/Adopting Animal**

\_\_\_\_\_

Name Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



Foster/Adopter Initial \_\_\_\_ Date \_\_\_\_

Rescue/Shelter Initial \_\_\_\_ Date \_\_\_\_

### Foster/Adopter Cooperative Contract

**Supplemental Form** *utilize if needed*

Section/Subsection	Additional Information