



**WILSON COUNTY**  
**NO KILL**  
**ANIMAL SHELTER**

**Wilson County No Kill Animal Shelter  
 FOSTER CONTRACT AGREEMENT**

Foster Name \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ DL#/State \_\_\_\_\_  
 Dog's Name \_\_\_\_\_ (circle one) Male/Female Dog's DOB \_\_\_\_\_  
 Dog's Breed \_\_\_\_\_ Dog's Color/Markings \_\_\_\_\_  
 Rabies Tag # \_\_\_\_\_ Date of Rabies Vaccination \_\_\_\_\_ Rabies DUE \_\_\_\_\_  
 Rabies provided by Dr. \_\_\_\_\_ Phone \_\_\_\_\_  
 Microchip # \_\_\_\_\_ Home Visit Done By: \_\_\_\_\_ Date \_\_\_\_\_

I understand this dog is the sole property of Wilson County No Kill Animal Shelter (WCNKAS)). I agree to foster this dog on behalf of WCNKAS until such a time as the dog is adopted. I agree I will return this dog to WCNKAS in the same or better condition than when I received it when requested. I agree to provide a safe environment for this dog while it is under my care. I agree to provide this dog with the proper amount of food and fresh water. I agree to provide this dog with shelter. I agree to keep a collar with rabies and identification tags attached at all times. I agree to crate this dog inside when I have to leave it alone. I will not leave this dog unattended outside unless it is in an approved enclosure. I agree to keep this dog on a leash while it is outside. I agree this dog will not be chained or tethered at any time. I agree to be on time and transport this dog to veterinary appointments as instructed and scheduled by WCNKAS. If I am unable to transport the animal, I will contact WCNKAS 24 hours before the appointment so other arrangements can be made. I understand routine veterinary care will be paid for by WCNKAS. I agree to administer medications provided, flea/tick and heartworm prevention as instructed. In the event of an emergency, I agree to contact WCNKAS immediately. I agree to transport this dog to adoption events as instructed by WCNKAS. I will contact WCNKAS 24 hours before the adoption event if I am unable to meet this obligation. I agree to keep a copy of this dog's rabies vaccination on hand at all times. I agree to provide this dog with love and affection. I agree I will not hit, kick or otherwise inflict harm of any kind to this dog. I agree I will not destroy this animal by any means. I agree I will not post photos of this dog on social media without permission from WCNKAS. If at any time, I am unable to continue fostering this dog, I will contact WCNKAS and return the dog to them. I hereby accept all risks or personal injury, property damage and other losses related to the dog from the date this agreement is signed forward. By signing this binding contract I agree to the terms and conditions within.

\_\_\_\_\_  
 Foster Signature/Printed Name  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Witness by WCNKAS Board Member  
 Date: \_\_\_\_\_

**Wilson County No Kill Animal Shelter Contact Information**

Alena Berlanga, President 210-268-7380 \* alenagutierrez@hotmail.com