

FOSTER AGREEMENT

I _____ am Fostering “ _____ ” (name of dog) at the address below.

_____ (Initial) I understand that the dog is still the property of the Trumbull County Dog Warden.

_____ (Initial) I understand that I am responsible for the return of the above dog within 24 hours of notification by the Trumbull County Dog Warden. The dog is the property of the Dog Warden and can be called back at any time and at the discretion of the Dog Warden.

_____ (Initial) I am responsible for the care, welfare and safety of the above dog. It shall be kept in a safe secure environment. It is my responsibility to contain the dog.

_____ (Initial) I will not transfer the dog to another person or have it housed away from my home without consent and notification to the Trumbull County Dog Warden. If approved, it is my responsibility to provide accurate contact information for the temporary harbinger of the above dog. It still remains my responsibility to return the dog to the Trumbull County Dog Warden’s office within 24 hours if requested to do so. The deposit will be refunded to the person who paid the deposit upon return of the above dog.

_____ (Initial) I will not and may not adopt or accept money for this dog from another person. The dog will be considered stolen property from Trumbull County. I understand that I could be prosecuted for theft.

_____ (Initial) If I wish to adopt the dog I will have to come into the Trumbull County Dog Warden’s office and complete the necessary paperwork and pay the necessary fees within 3 weeks (by: _____)insert Date. The Deposit will be applied to the adoption fees. I understand that after 3 weeks I need to return the dog to the Trumbull County Dog Warden’s office if I do not adopt the dog. The Trumbull County Dog Warden has the right to come to my home and retrieve the dog. Should this be necessary my deposit will be forfeited.

_____ (Initial) The Trumbull County Dog Warden has the right to file theft charges against me if I do not return the dog within 24 hours after requested to do so; or after 3 weeks of the above date if the adoption is not finalized.

_____ (Initial) I am aware that the Trumbull County Dog Warden cannot guarantee the health, temperament or habits of the dog I am fostering. Any pertinent information about the dog available to the Dog Warden at the time of this foster agreement will be made available to me.

Date: _____ Amount of cash deposit \$ _____ Copy of Photo ID: _____

Name: _____

Address: _____ City, St, Zip: _____

Phone: _____ Alt Phone: _____

I am signing this agreement of my own free will. I have read and understand and agree to the terms of this agreement:

Signature: _____