



BELGIAN TERVUREN RESCUE, INC.

PERMANENT FOSTER CARE WITH PRE-EXISTING MEDICAL CONDITIONS FORM

This contract is made between the Belgian Tervuren Rescue, Inc. and _____, the permanent foster care giver on this day (mm/dd/yy) _____.

Call name _____ Age/DOB _____ Sex _____ Tattoo/Microchip _____

Foster Home _____ Phone (____) _____

Address _____ Email _____

I, _____ hereby acknowledge receiving the above described dog from _____ through Belgian Tervuren Rescue, Inc. and agree to the following:

1. To lovingly care for this dog as an inside pet in my home as a valued member of our family.
2. To provide this dog with proper and sufficient food, fresh water, adequate shelter and humane treatment at all times.
3. To provide veterinary treatment for this dog when needed, including annual vaccinations and heartworm preventative as necessary.
4. If not already done, to have this dog spayed/neutered before (mm/dd/yy) _____ and to provide proof to Belgian Tervuren Rescue, Inc. including date of the surgery, the name and address of the veterinarian.
5. To comply with all state and local laws and ordinances relating to keeping of this dog including license and leash laws
6. To assume full responsibility for this dog's actions, health care and for any damage done by this dog.
7. To notify Belgian Tervuren Rescue, Inc. of any changes of address that occurs.
8. Not to chain, tie, use for commercial guard duty, attack train, or life-kennel this dog.
9. To make sure this dog has adequate daily exercise and human companionship.
10. To never allow this dog to ride in the open bed of a pickup truck.
11. To notify Belgian Tervuren Rescue, Inc. immediately if this animal should become lost.
12. To notify immediately Belgian Tervuren Rescue, Inc. if, for any reason, I am unable to keep this dog. To never give or sell this animal to another person, agency, or animal shelter, or allow it to be used for experimentation, dog fighting, guard dog or any other commercial or utilitarian activity.
13. To keep this dog in a fenced yard or pen and never, under any circumstances, to allow it to run loose or roam free in an unfenced area without adequate adult supervision.
14. To allow an authorized rescue representative to examine the dog and its living conditions at any time and to surrender dog to said representative for return to Belgian Tervuren Rescue, Inc. if the conditions are found unsatisfactory.

Belgian Tervuren Rescue, Inc. agrees to reimburse _____ for the expenses pertaining to the ongoing illness, _____, of _____ until this condition is cured or until said dog is deceased. If the condition changes and/or additional medication is required to insure the dog's wellness or a licensed Veterinarian recommends a change in medication, medical testing, surgical procedures etc. a Board Member of Belgian Tervuren Rescue, Inc. must be notified and approve any additional expense. The general care-taking expenses (i.e. food, vaccinations, heartworm medication, etc.) and new unrelated health conditions are the sole responsibility of the permanent foster caregiver.

Expenditures including receipts must be submitted to the treasurer of Belgian Tervuren Rescue, Inc. minimally every 6 months for reimbursement of ongoing treatment of the above named disease.

| Name of current medications for above described illness | Dosage/times daily | Current Cost Monthly |
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I hereby accept possession of this dog "as is" and I acknowledge and assume all potential risks existing with this permanent fostering including but not limited to bites, scratches and damage to property. I have been made aware of the above named medical condition of this dog and have agreed to take care of this dog. I voluntarily agree to indemnify and hold harmless Belgian Tervuren Rescue, Inc. including but not limited to its Officers, Board of Directors and volunteers from any and all claims, demands and/or causes of action connected with participation in the fostering or adoption including such claims which allege negligent acts or omissions of Belgian Tervuren Rescue, Inc.

I have read all of the above and, by signing below, agree to abide by all provisions of this contract.

Permanent Foster Caregiver's Signature _____ Date _____ Phone (____) _____

Print Name _____

Address _____ Email _____

City _____ State _____ Zip _____

Signature of Belgian Tervuren Rescue, Inc. Representative _____

Return to : Cindy Simonsen W4163 Cty ES Elkhorn, WI 53121

Belgian Tervuren Rescue, Inc. is a 501 (c) (3) organization and the official national rescue program of the American Belgian Tervuren Club.