



El Dorado County

# German Shepherd Rescue

Helping Quality Dogs Find Caring Homes

## Foster Contract

German Shepherd Dog Name: \_\_\_\_\_ Age \_\_\_\_\_ years

Adoption Donation \$ \_\_\_\_\_

Male\_\_ Female\_\_ Color/Markings \_\_\_\_\_

Health Condition \_\_\_\_\_ Microchip # \_\_\_\_\_

Adopter's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Name of your veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

House\_\_ Apartment\_\_ Mobile \_\_ Rent\_\_ Fenced yard \_\_ Pool \_\_

Landlord's phone number if renting \_\_\_\_\_

How many adults in home? \_\_\_\_\_ Children \_\_\_\_\_ Ages \_\_\_\_\_

Who will be responsible for pet's care? \_\_\_\_\_

Where will your pet be kept during the day? \_\_\_\_\_

Where will your pet be kept when you are at work? \_\_\_\_\_

Where will your pet sleep at night? \_\_\_\_\_

How many hours a day will your pet be alone? \_\_\_\_\_

How many times a week will your pet be exercised? How? \_\_\_\_\_

\_\_\_\_\_

What experience do you have with dogs/GSD's? \_\_\_\_\_

What type of dog training have you used? \_\_\_\_\_

[www.edcgsr.com](http://www.edcgsr.com)

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530-677-6444

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Are you willing to enroll in an obedience class to help you and your new GSD to bond?  
Where would you go?

\_\_\_\_\_

Are they any family members with allergies? \_\_\_\_\_

Current pets at home \_\_\_\_\_

Reason for wanting to adopt. \_\_\_\_\_

I, the above named Foster/Adopter, understand and agree to abide by the following conditions in order to foster/adopt the German Shepherd Dog named above from El Dorado County German Shepherd Rescue. I will provide the dog with a loving and secure home, protect the dog from abuse, neglect and cruelty. I will accept this dog into my family, and provide it with proper food (feeding twice daily), fresh water, adequate exercise and shelter at all times. I will provide veterinary treatment as needed, including all vaccinations and tests to maintain the dog's health. Monthly Heartworm and flea and tick medication are required and can be obtained from EDCGSR. I agree to contact EDCGSR about any medical attention the dog may need, and in the case of emergency will get the dog immediate vet care. I will ensure that the dog wears a collar with ID tags at all times and that the information on those tags is current. \_\_\_\_\_(initial)

If for any reason I can no longer foster the dog, I will request assistance from EDCGSR to find the dog a new foster home, or I will return the dog to the Rescue. I understand EDCGSR requires, at least, a 2 week notice to find an alternate foster home. I will not give away or sell the dog, or under any circumstance allow the dog to be admitted to any animal control facility, animal shelter, humane society, or any such agency, regardless of circumstances. I will not sell or donate the dog to be used in research, vivisection, fighting, guard work, or any commercial activity. \_\_\_\_\_(initial)

I understand that I am responsible for boarding/ housing the dog should I need short term care in the case of a vacation. I will contact EDCGSR for help as needed. \_\_\_\_\_(initial)

At the time of fostering, EDCGSR presumes the dog to be in good health. I understand that Rescue does not have the ability to guarantee the dog's good temperament or its behavior once in my ownership. EDCGSR assumes no liability for any damage or injury to person or property that may result from this foster, including injury from dog bite. I agree to hold El Dorado County German Shepherd Rescue harmless in all regards to my foster of the dog by this contract.

I have read and understand this contract and agree to abide by all the conditions imposed upon me by EDCGSR, which are designed to safeguard the health and safety of the dog. I agree to

pay half of the adoption fee which is \_\_\_\_\_ and the remaining \_\_\_\_\_ after 30 days if I choose to proceed with the adoption. the dog, the initial payment is refundable if desired.

Foster's Signature \_\_\_\_\_ Date \_\_\_\_\_

EDCGSR Representative \_\_\_\_\_ Date \_\_\_\_\_

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