

Rising Star Rottweiler Rescue, Inc.  
10201 Lantana Road  
Lake Worth, FL 33449  
561-439-6351  
Email: suedrawdy0302@comcast.net  
www.RSRR.org



### FOSTER CARETAKER AGREEMENT

Foster Parent Name: \_\_\_\_\_

Foster Parent Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. I have received a copy of the Caretaker Agreement and agree it is my responsibility to read, understand, and follow the guidelines set forth therein.
2. I understand that veterinary medicine is not an exact science. It is very possible that during the medical processing of the foster pet, some illness and/or injury and/or parasite may go undetected. The animals released in the foster care program may be incubating a medical condition that could affect my personal animals at home. It is my responsibility to ensure that my personal animals are protected from any potential diseases to which they may be exposed as a result of my taking foster animals into my home.
3. Rising Star Rottweiler Rescue, Inc. (RSRR) will provide for normal veterinary care and any emergency care needed, including monthly heartworm prevention for the foster animal.
4. I understand it is my responsibility to keep veterinary appointments and worming protocol as scheduled by RSRR.
5. If at any time the foster animal runs away, gets lost, is injured or becomes ill, I will notify my Foster Mentor or a member of the RSRR Board of Directors immediately. If one of my foster animals passes, I will notify my Mentor immediately.
6. I agree to return the animal to RSRR upon request or at the end of a scheduled foster period, or if I am no longer able to care adequately for the animal.
7. I understand that RSRR will provide me with a crate (if needed), bowls, collar and leash, and medicine for the foster pet.
8. RSRR reserves the right to cancel the Foster Caretaker Agreement and remove all foster pets for any reason in its sole discretion.
9. I agree that it is my responsibility to make the animal available for adoption by allowing prospective adoptive parents to visit with the dog by **appointment only**. I will make sure that the dog will be in good health, clean and free of external parasites and present the best possible impression on the potential adopters.
10. I understand that a member of the Board of Directors will preside over any adoption of my foster animal. They will handle all paperwork and home visits, etc. Under no circumstances will I release a dog to any adopter without a Board Member present to approve the transaction.
11. Knowing the consequences of fostering, I will make every effort to be a responsible foster parent. I understand that any animal has the potential to bite or injure another animal or human being. I will not hold RSRR accountable for any action by the foster pet while under my care.

12. I agree to the above terms and understand that my failure to comply with any of the items above may result in termination of my foster privileges with RSRR.

13. Type of dwelling? Circle One: HOUSE APARTMENT TOWNHOUSE DUPLEX MOBILE HOME

14. Do you have any objections to RSRR checking your property? Circle one: YES NO

a. Renters, please list Landlord's name, address & phone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Are you willing to treat a dog that may have an illness, such as Kennel Cough? Circle One: YES NO

16. Have you ever owned a Rottweiler? Circle One: YES NO

17. Do you still have your pet? Circle One: YES NO

a. How many pets do you now have? \_\_\_\_\_

b. Please list pets that you currently own:

DOG(S) \_\_\_\_\_ BREED \_\_\_\_\_ Circle One: SPAYED NEUTERED

DOG(S) \_\_\_\_\_ BREED \_\_\_\_\_ Circle One: SPAYED NEUTERED

CAT(S) \_\_\_\_\_ BREED \_\_\_\_\_ Circle One: SPAYED NEUTERED

CAT(S) \_\_\_\_\_ BREED \_\_\_\_\_ Circle One: SPAYED NEUTERED

OTHER \_\_\_\_\_

18. Where will the pet sleep at night? \_\_\_\_\_

19. When outdoors, you will contain/control the dog either in a fenced yard or on a leash at all times.

20. If your foster pet becomes seriously ill or injured, **you must contact RSRR immediately** for medical treatment. If you have any kind of emergency, please call Sue 561-439-6351 or 561-307-3412.

21. Name, address and phone number of your current veterinarian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. REFERENCES: Please list names, addresses and phone numbers for at least two people who can verify your experience with animals. If more space is needed, please write on back of page.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RISING STAR ROTTWEILER RESCUE WILL NOT BE FINANCIALLY RESPONSIBLE FOR ANY COSTS INCURRED BY THE FOSTER CARE VOLUNTEER OVER AND ABOVE THOSE COVERED THROUGH THIS AGREEMENT. THIS IS TO INCLUDE, BUT NOT LIMITED TO, SPECIAL FOOD, AND/OR DAMAGES CAUSED BY THE ANIMAL(S) TO PROPERTY OR PERSONS.

I CERTIFY THAT ALL STATEMENTS AND ANSWERS TO THE QUESTIONS ON THE APPLICATION ARE TRUE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE