Springfield Rescue, Inc.

FOSTER with intention to ADOPT

_____ *(Foster Name)* will be serving as a foster with the intention to permanently adopt the animal: _____ _____ *(Name and description of animal)* on _____ *(Start Date of Foster)* until conditions are satisfied for adoption.

Fostering is at the discretion of **Springfield Rescue, Inc.** NY. (referred to as **"the Rescue**" in this form) leading to the adoption or permanent ownership of the dog. Permanent adoption is at the discretion of **the Rescue**. Adoption will be finalized with an adoption agreement at a later date.

While fostering the dog, Springfield Rescue, Inc will not accept or entertain new adoption applications for this dog nor will they publicly demonstrate the intention to adopt this dog to another person. **The Rescue** reserves the right to coordinate visits with the foster and remove the dog from the home, at any time. The foster agrees to accept the decision of **the Rescue** and will make possible a safe and timely transition should the dog need to be returned to the Rescue. It is the intention of the foster and the Rescue that the dog remains with this foster as their forever home once conditions are met and all parties are satisfied.

All parties will work cooperatively towards that goal.

All animals fostered from or adopted from Springfield Rescue, Inc will undergo spaying/neutering prior to a fostering placement or adoption paid by Springfield Rescue, Inc. at Hilton Hospital for Animal in Lynbrook, NY. or other approved veterinary facility.

Animals under the appropriate age for spaying/neutering will not be fostered or adopted out and will remain in the care of Springfield Rescue, Inc. until spaying/neutering are safely completed and the animal has recovered in accordance with appropriate veterinary aftercare.

In cases where old age or medical conditions prevent spaying/neutering, Springfield Rescue, Inc. will maintain documentation from the examining veterinarian demonstrating the veterinarians decision to refrain from spaying/neutering based on medical concerns.

Foster Address: _____

Foster ID Verification *(Drivers License)* _____

As the Foster for Springfield Rescue, Inc I agree to the following:

I will provide "daily care" for the dog providing appropriate food, water, shelter, hygiene and exercise. Needs outside the parameters of "daily care" are at the discretion of **the Rescue**. Public and private display of videos, pictures and descriptions of the dog will be approved by **the Rescue**. prior to distribution. Veterinary and medical care will only be carried out with approval from **the Rescue.** Concerns and problems that arise will be communicated to **the Rescue** in a timely manner and in an approved method to support tracking the dogs progress, needs and response to needs.

"Approval by the Rescue" includes only written consent, or Text Messages from authorized Rescue members, or Facebook messages from authorized Rescue members – approval does not include conversations that cannot be documented for state inspection.

Foster Signature_____*Date:*_____

Springfield Rescue, Inc. Signature_____*Date:*_____