



**Colorado Beagle Rescue, Inc.**

PO Box 2704  
Littleton CO 80161-2704

303-464-9403  
www.ColoradoBeagleRescue.org

<b>For CBR use only</b>
Rescue Dog # _____
Rescue Dog Name _____
Acquired Date _____
Placed Date _____

**FOSTER CARE AGREEMENT**

THIS AGREEMENT made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between

Colorado Beagle Rescue, Inc. (hereinafter referred to as CBR) and \_\_\_\_\_  
(hereinafter referred to as "Foster Person(s)");

CBR, in order to protect the Beagle breed, does accept for placement from individuals, animal shelters, humane societies, and other persons and entities, Beagles which are unwanted, abandoned, neglected, lost or mistreated.

CBR does place such dogs in temporary, suitable, foster homes which can provide a normal family situation;

THEREFORE, it is agreed as follows:

1. The Foster Person(s) agree(s) to carefully observe and evaluate the dog(s) placed in their care and to complete a Foster Care Evaluation form on each dog fostered. The information on this form should be made available to Colorado Beagle Rescue, Inc. as soon as it is obtained, especially on how the dog reacts to other dogs, children, any aggressiveness, is he/she housebroken, etc.
2. The Foster Person(s) has the right to accept or refuse any particular dog.
3. The Foster Person(s) agree(s) to the responsibilities and requirements set forth in the following CBR material all of which is required reading. You can find all of these documents on the Articles & Forms page of the CBR web site at [www.ColoradoBeagleRescue.org](http://www.ColoradoBeagleRescue.org).

Thank You For Caring About My Life  
 Foster Care Information "What's It All About?"  
 Policies and Procedures  
 Precautions for the Foster Home  
 Guidelines for Selecting a Prospective Adoptive Home  
 Foster Care Evaluation

4. I understand that CBR will not be responsible for injury or illness contracted by any dogs not belonging to CBR regardless of whether such illness or injury is caused by the foster dog. I acknowledge that the Beagle which is the subject of this agreement has been accepted for fostering by CBR and that CBR has no knowledge concerning the background or previous environment of this Beagle (if obtained from a shelter) and has only the word of the previous guardian(s) concerning the background and previous environment of this Beagle (if from a private home). CBR in no way warrants or guarantees this Beagle and makes no representation nor warranties regarding the temperament or stability of this Beagle for fostering, or makes any representation regarding the health or condition of the dog. The Foster Person(s) accepts the animal "as is" and hereby releases, discharges, and holds harmless CBR, their representatives, agents, and employees from any and all claims, damages, costs, and expenses the Foster Person(s), their agents or representatives now have or may hereafter accrue as a result of the foster dog's actions, behavior, health, and damages or injuries resulting there from. In the event of a third party action against CBR relating to the foster dog, CBR shall have a right of contribution and indemnification against Foster Person(s).
5. I have read, agree with, and understand the policies and procedures set forth in this Agreement and in all documents listed under #3.

6. I agree that the dog(s) I am fostering will not be removed from my address or given away without prior approval of a CBR Board Member.
7. The foster family has the first choice to adopt the dog, if they choose to do so with CBR's approval.
8. The foster home will provide the food for said dog(s) and CBR will take care of any medical expenses.

**Fostering Adult 1:**

**Fostering Adult 2:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature of Foster Person(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of CBR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed form to: Colorado Beagle Rescue, Inc.  
PO Box 2704  
Littleton CO 80161-2704**