

Love Those Dog Paws

DOG FOSTER APPLICATION & AGREEMENT

#31954

Date _____ Dog Name _____ Age _____

Breed _____ Spayed/Neuterd _____ Color _____

Identification or Microchip Number: _____



Name _____

Mailing Address _____
City _____ zipcode _____

Physical Address _____
Where the dog will be located: Street _____ City _____ zipcode _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Do you have other animals? Yes _____ No _____

If yes, please list:

Are your other dogs or cats spayed or neutered? Yes _____ No _____

Name of Veterinarian:

Other important information

Love Those Dog Paws,

501 (c) (3) Non Profit Organization
Po Box 877 Kealahou HI 96750
lovethosedogpaws@gmail.com

(808)937-5252

1. _____ Initials. I agree to foster this dog for a minimal of 2 weeks or until adopted and return the dog back to LTDP by (date) _____ Adoption Fee must be received by LTDP within the two weeks of the foster period or dog must be returned to avoid legal action.

2. _____ Initials. This Dog shall be an indoor, outdoor or both. (Circle one)

3. _____ Initials. Dustin Omori, founder of Love Those Dog Paws or his representative request a home inspection before the Foster Application is completed. The home inspection helps to ensure that it is a good and safe environment for both the dog and the foster family. I own my home or I have permission to have a dog at my home.

For LTDP Only: Home Inspection:

Date of home inspection: _____ Physical Address Verified _____
Name of Landlord _____ Phone Number _____
LTDP Representative _____ Approved _____ Not Approved _____

4. _____ Initials. I agree I will feed this dog high quality food which will be either given to me by LTDP or donated by myself. I will text Dustin at least a week prior to being out of food.

5. _____ Initials. I will treat this dog in a humane manner. I agree I will not chain this dog for more than 8 consecutive hours. I agree Love Those Dog Paws will not be responsible if the dog is injured or causes property damage or bites someone due to not being cared for appropriately.

6. _____ Initials, Dustin or his representative will then provide the medical history for foster dogs as complete as they are able

7. _____ Initials. If for any reason, I find that this dog is not compatible with my situation I agree to notify LTDP and make arrangement to return it only to LTDP

8. _____ Initials, I will not give, trade, or sell the dog to any person or organization or abandon the dog.

9. _____ Initials. I agree I will not have any mutilating procedure performed on dog including ear cropping, tail docking or declawing.

10. _____ Initials. I agree that if there is any problem with the dog, I will contact Love Those Dog Paws immediately and take the necessary action for the health and wellbeing of the animal.

11. _____ Initials. I agree that Love Those Dog Paws understands that emergencies happen and will cover the cost of an emergency vet visit if it considered a life threatening issue, Otherwise, I understand I must get permission to take the animal to the vet in order to be reimbursed for the cost.

12. _____ Initials. If the euthanasia is a consideration for any reason LTDP must be contacted prior to the euthanasia and a joint decision must be made. No exception.

13. _____ Initials. I understand that Love Those Dog Paws has the right to bring action in small claim court division of the district court of Hawaii County if any part of this agreement is violated. LTDP may seek action for return of the pet or monetary damages.

14. _____ Initials. I understand Love Those Dog Paws has the right to decline my application for any reason.

Foster Signature _____ Date _____

For LTDP Only:

Foster Application: Approved _____ Not Approved _____

LTDP Representative _____ Date _____

NOTES: _____

