

Return to: Cathy Kassab, NBR Foster Home Coordinator
530 Hartman Road, West Decatur, PA 16878

Nittany Beagle Rescue

Foster Home Application and Agreement

Name _____

Address _____

Phone (H) _____ (W) _____

Email _____

Own _____ Rent _____

Landlord

Name _____ Telephone _____

Vet used at current time, (or in past if no animals at present)

Name _____ Telephone _____

Name of person that vet records are under _____

Animals at present

of dogs _____

Name; Breed; Spayed/neutered; Special Needs

of cats _____

Name; Spayed/neutered; Special Needs

Name, Telephone Number; City of 2 references (no relatives or roommates)

1. _____

2. _____

Please list all roommates/housemates

1. _____

2. _____

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By signing this agreement, I understand that the Beagle(s) is (are) still under the care of Nittany Beagle Rescue. My responsibility is to love, protect, and care for this (these) dog(s). I am responsible for making all medical concerns known to Nittany Beagle Rescue, which, in turn, will make all veterinary appointments. I will not transfer this (these) dog(s) to a third party without Nittany Beagle Rescue's approval. I understand that the foster Beagle(s) is (are) available for adoption and are to be made available for adoption applicants to evaluate. If I choose to keep this (these) Beagle(s), I will go through the standard adoption procedure.

This (these) dog's temperament and health have been evaluated to the best of our ability as knowledgeable Beagle lovers. However, all responsibility for this dog, its behavior and any incident involving this dog shall be that of the foster parent(s), upon taking possession of said dog(s). In addition, the foster parent(s) shall indemnify and hold harmless Nittany Beagle Rescue for any incident with the foster dog(s) resulting in an action against the organization.

Foster parents

Signature _____ Date _____
Signature _____ Date _____

Nittany Beagle Rescue Representative(s)

Signature _____ Date _____
Signature _____ Date _____

Nittany Beagle Rescue Representative(s) only

<i>Fostered Beagle(s)</i>						
Date	Name	Sex-S/N	Age	Desc/Weight	Needs	
1						
2						
3						
4						