



Oregon Basset Hound Rescue  
Foster Care Agreement

I agree to give foster care to a rescued basset hound that has been accepted by Oregon Basset Hound Rescue's coordinator, for a limited period of time. (time limits to be set up, case by case, with the coordinator) I understand that OBHR has no prior knowledge of it's health or temperament, and I, therefore, will take all due care to protect myself and others who may come in contact with this dog. I will not hold OBHR responsible for property damage or harm to persons or animals caused by this dog while it is in my care.

I understand that by Oregon Basset Hound Rescue will be responsible for all non-emergency veterinary care necessary for this dog while it is in my care ONLY if prior authorization has been given by the Rescue Coordinator. In case of medical emergency, the dog will be given necessary care, that it shall be covered by OBHR, if the coordinator has been notified IMMEDIATELY thereafter.

I understand that Oregon Basset Hound Rescue, Inc will not be responsible for injury or illness contracted by any dogs not belonging to the rescue service. I agree that the dog(s) I am fostering will not be removed from my address or disposed of in any way without prior approval of Oregon Basset Hound Rescue.

I agreed to allow an OBHR agent to make a home visit to my residence if the coordinator feels it is necessary to inspect any rescue dog that I may have at that time.

I have received a copy of by Oregon Basset Hound Rescue Guidelines. I have read them and agree to and accept them as described.

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

Signature(s) of Foster Person(s) Date

Print name(s) clearly \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best time to call: Hours: \_\_\_\_\_ to \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature of Rescue Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Oregon Basset Hound Rescue  
PO Box 20254  
Keizer, OR 97307