## Fleventh Hour Rescue

## updated in RG already

P.O. Box 218 Rockaway, NJ 07866 Phone: (973) 664-0865 www.ehrdogs.org dogvetting@ehrdogs.org

## **DOG FOSTER ACKNOWLEDGEMENT**

| DOG(S) NAME: | Toby SCAS            |
|--------------|----------------------|
| EHR TAG #:   | 23-3467              |
| MICROCHIP #: | 98,5 113 008 874 832 |
| DATE:        | 5/5/24               |

FOSTER FAMILY agrees to adhere to the terms and conditions set forth in the Dog Foster Contract v.01.24.22 previously executed by the FOSTER FAMILY.

FOSTER FAMILY confirms that the care and/or behavioral issues or comments noted below have been discussed with FOSTER FAMILY and FOSTER FAMILY understands and agrees to follow any care, training or special handling recommendations or instructions set forth by ELEVENTH HOUR RESCUE ("EHR") below.

## **IMPORTANT:**

- 1. ALL NEWLY FOSTERED DOGS SHOULD BE CONSIDERED A FLIGHT RISK!!! YOU MUST BE CAREFUL WHEN OPENING DOORS AND WINDOWS.
- 2. YOU MUST KEEP THE DOG ON A SECURE LEASH AT ALL TIMES.
- 3. DO NOT LEAVE THE DOG UNATTENDED AT ANY TIME, EVEN IN A FENCED-IN BACKYARD; THE DOG MAY DIG UNDER OR CLIMB OVER A FENCE.
- 4. NEWLY FOSTERED DOGS SHOULD NOT BE LEFT UNSUPERVISED WITH ANY ANIMAL(S) OR CHILDREN REGARDLESS OF THE DOG'S HISTORY OR COEXISTENCE WITH OTHER ANIMALS AND/OR CHILDREN IN THE PAST.

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|-------------------------------------|--------------------------|
| Print Name: Wendy Romano            |                          |
| Street Address: 5 Quail Run         |                          |
| City: Long Vallex                   | State: Zip: Zip:         |
| Home Phone: 908 813 - 1380          | Cell Phone: 973-713-1071 |
| Email: <u>hwkey @ comcast.</u> net  |                          |
| /                                   |                          |
| Wendy Romans                        | 5/5/24                   |
| FOSTER FAMILY/APPLICANT (Signature) | Date                     |
|                                     | *                        |
|                                     |                          |
| EHR REPRESENTATIVE (Print Name)     | Date                     |