

Lost Our Home PET RESCUE Helping people. Saving pets. Lost Our Home Off-Site Fostering Agreement

Animal Name:	Туре:			
Select One:	Weekend Getaway	Foster to Adopt	Foster	
in their care. The foster home agrees to only allo home agrees to monitor preferred) immediately unavailable, contact the veterinary care before s The parties agree that t safety of your pets and the and injury or illness results.	home agrees to bring the animow dog(s) outside under proper the health of the animal(s) an in the event of questions regard. Shelter Operations Manager a ervices are rendered. Unauthous he LOH animal(s) shall be isolated the LOH foster animals. In the east of the log of the	nal into the shelter as scheduler supervision. Foster animals sold to contact the Shelter & Merding the health or safety of the st (623) 734-2259. Either one contact veterinarian expenses and ted from any other animals contact that the foster animal is the sole responsibility of the		
call the front desk at 602	2-445-7387 to let them know o	of the approximate return time	d upon date/time. If I am going to be late, I will e. fore the shelter opens for business on Tuesday	
 (DOG) I agree t (DOG) I agree n approved by LO I agree that the I agree to feed I agree to notife 	OH. e animal will be in my care at al the animal the food provided a y the LOH staff immediately of	times while outside. s, pet stores, doggie day cares Il times. and give appropriate medication	, veterinary facilities or any other areas not ons (if applicable). mal to my family or the general public. ill be charged for items not returned.	
Name:			Phone Number:	
Address:	-			
Email Address:				
Signature			Date:	
Staff Signature:			Date:	



Date Picked Up at Shelter:

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Animal Name:	Туре:
in their care. The foster home agrees to bring the an home agrees to allow dog(s) outside under proper shome agrees to monitor the health of the animal(s) immediately in the event of questions regarding the contact the Shelter Operations Manager at (623) 73-	ring environment, food and any medications as required for any and all animals aimal into the shelter as scheduled for medical care and vaccinations. The foster upervision. Foster animals should be transported in carriers only. The foster and to contact the Shelter Director at 480-266-3228 (text is preferred) health or safety of the animal(s). If the Shelter/Medical Director is unavailable, 4-2259. Either one of these staff members MUST authorize veterinary care arian expenses are the responsibility of the foster home.
-	plated from any other animals currently living in the foster home; this is for the se event that the foster animal is commingled with other animals in the home II be the sole responsibility of the foster home.
By signing below, I agree to the following:	
 I agree to return the animal at the agreed ut to let them know of the approximate return 	upon date/time. If I am going to be late, I will call the front desk at 602-445-7387 n time.
 NOTE: For Weekend Getaway Prog business on Tuesday at 11:00 a.m. 	gram (Volunteers Only), dogs must be returned before the shelter opens for
(CAT) I agree the cat will remain indoors at	
 (DOG) I agree the dog will be on a leash at a (DOG) I agree not to take the dog to dog na 	all times while outside. Irks, pet stores, doggie day cares, veterinary facilities or any other areas not
approved by LOH.	rks, pet stores, doggie day cares, vetermary facilities of any other areas not
 I agree that the animal will be in my care at 	all times.
 I agree to feed the animal the food provide 	d and give appropriate medications (if applicable).
 I agree to notify the LOH staff immediately 	of any injury inflicted by the animal to my family or the general public.
 I agree to return any/all borrowed supplies. 	I understand and agree that I will be charged for items not returned.

Date to Be Returned to Shelter:



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Foster Care Contact Sheet

Thank you for opening your home to a foster pet in need! Your decision to take an animal into your home to provide a safe, nurturing environment is a tremendous help and enables us to bring in more animals in need. If you have any questions, concerns, or if any medical emergency situations develop during your time fostering, please contact us. We are here to help!

Foster Coordinator: Estevan Vega - estevan@lostourhome.org

Our foster team is best reached at:

Fostering@lostourhome.org

Shelter telephone number: (602) 445-7387

Our phone lines are open the following days/hours:

Tuesday, Thursday, Friday: 11:00am-6:00pm Saturday & Sunday: 10:00am-4:00pm

Monday & Wednesday: As our shelter is closed to the public our phones will go directly to voicemail during these days.

Medical Contact Person (Non-Emergency)

If you have any non-emergency health-related concerns, email **fostering@lostourhome.org** as soon as you notice a problem—DO NOT wait until a crisis occurs. Be as detailed as you can and provide photos if needed. In the care and treatment of foster animals, there is no such thing as a silly question!

When you call, it will be helpful for us to know:

- 1. Is the animal vomiting?
- 2. Does the animal have diarrhea?

- 3. Is the animal active or listless?
- 4. Is the animal eating and drinking

Medical Contact Persons (Emergency)

Call the Shelter & Medical Director Emily Vivian at (480) 226-3228 (TEXT PREFERRED- personal cell phone for foster use only).

If you are unable to reach Emily, please contact the Shelter Operations Manager at (623) 734-2259 (personal cell phone for foster use only).

IMPORTANT: Do not take your foster animal(s) to a veterinarian without the approval of a Lost Our Home staff member. Any charges incurred without approval will not be reimbursed.

Examples of *emergency* medical symptoms:

The shelter should be notified of the following conditions immediately:

- Blood from any orifice/opening
- Blood in vomit or vomit that is dark in color

 Blood in the urine, or if the foster animal is unable to urinate at all



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- Blood in the stool, especially with diarrhea
- Congestion, wheezing, or labored breathing
- Fever (often accompanied by lethargy
- If an accident has occurred and the foster animal appears to be injured
- Lameness that appears severe and painful
- Pain irritability when handled or touched, particularly if it seems out of character for that animal
- Seizures or convulsions

- Trouble eating, mouth pain, or drooling
- Lameness that appears severe and painful
- Lethargy or decline in activity level normal for your foster animal for more than 24 hours
- Diarrhea in neonates/underweight animals for more than
 24 hours

Examples of non-emergency medical symptoms:

- Any change in the appearance of the eye: squinting, winking, tearing, swelling, redness, yellow, green, or crusty discharge
- Coughing for less than 24 hours
- Diarrhea/loose stool (in adult animals and less than 48 hours)
- Excessive drinking for more than 48 hours
- Increased appetite for more than 1 week, especially when accompanied with weight loss
- Increased scratching at any part of the body including head shaking
- Increased urination or sudden accidents in the house, difficulty urinating, and straining for less than 24 hours

- Nasal discharge white, yellow, or green
- No apparent weight gain, especially with puppies and kittens during a 72-hour period
- Poor appetite for more than 48 hours
- Sneezing for more than 24 hours
- Unexplained lameness that does not improve with rest within 24 hours
- Vomiting more than three times
- Weight loss is observed over a 48 hour period, especially with kittens, puppies, or nursing mothers— when weight loss is accompanied with normal to more-than-normal food intake
- Hair loss



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Credit Card Authorization

Please complete all fields.			
Credit Card Information Card Ty	pe: MasterCard VISA Discover AMEX		
☐ Other	_		
Cardholder Name (as shown on	card):		
Card Number:	Expiration Date (mm/yy):		
Cardholder ZIP Code (from cred	it card billing address):		
I, of failure to return fostered ani	, authorize Lost Our Home Pet Rescue to charge the credit card above in the event mal(s) or borrowed items.		
Customer Signature	Date		
PET RESCUE Helping people. Saving pets.	Lost Our Home ff-Site Fostering Agreement Credit Card Authorization		
Please complete all fields.	Credit Card Authorization		
Credit Card Information Card Ty	pe: MasterCard VISA Discover AMEX		
☐ Other	_		
Cardholder Name (as shown on	card):		
Card Number:	Expiration Date (mm/yy):		
Cardholder ZIP Code (from cred	it card billing address):		
I, of failure to return fostered ani	, authorize Lost Our Home Pet Rescue to charge the credit card above in the event mal(s) or borrowed items.		
Customer Signature	Date		



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Items Borrowed

Bowls	
Crate	
Bedding	
Bed	
Collar	
Leash	
Litter Box	
Heat Pad	
Nebulizer	
Other:	
Other:	
Other:	