

Sleepover Contract



Animal Information: (To be filled out by Tails Staff)

Date _____

Animal Name: _____ Animal #: _____ Microchip #: _____

Return/Appointment Date/Time: _____ Adoption Fee: _____

Client Information: (To be filled out by Foster)

Name _____ Cell Phone _____

Address _____ City _____ Zip _____

Email address _____ Driver's License or State ID # _____

Have you adopted from Tails Humane Society before? Yes ___ No ___

Have you used any Tails services before (Relinquished a pet, spay/neuter clinic, dog training)? Yes ___ No ___

Do you live in a: House ___ Apt/Condo ___ Townhome ___ Mobile Home ___ Other _____

Do you: Own ___ Rent ___ Live with parents ___

If you rent, do you have your lease with you today? Yes ___ No ___

When is your lease up? _____ Are pets allowed? Yes ___ No ___ Unsure ___

If the dog ends up being a good fit for your home, would you consider adopting? Yes ___ No ___ Unsure ___

How many adults will live in the home with the pet, including roommates _____

My dog needs to be good with: Kids under 7 ___ Kids 7-12 ___ Teens ___

What animals have you owned in the past five years? (Previous as well as current)

Animal's Name	Dog or Cat? Breed	Age/Sex	Spayed/Neutered Y/N	Current on Vaccinations Y/N	Still own? (If not, please explain)

My dog will primarily be an: Inside dog ___ Outside dog ___

About how many hours a day will the dog be left alone? _____ When I'm not home, my dog will spend their time in:
Garage ___ Yard ___ Loose in the house ___ In a crate in the house ___ Confined to one room ___

Do you have a: Fenced in yard? Yes ___ No ___ Tie out? Yes ___ No ___ Dog run/kennel? Yes ___ No ___
Underground (invisible) fence? Yes ___ No ___

If you answered no to all of the above, how do you plan to exercise and restrain your dog? _____

1. You agree to keep the animal secure, to always use a leash or pet carrier when the animal is outside your home, to provide humane care and treatment appropriate for the health, age and species of the animal in your care and to follow all instructions given by Tails staff for the specific care needs of the animal(s) for whom you are the temporary custodian.
2. You agree to return the animal in your custody to Tails by the appointed time and date, at the appointed location.
3. Tails' staff will inform you of any medical treatments to be given, the expected length of the foster care period, the objectives of the care (restoring to health, rearing to adoptable age, socializing, etc.) and any other expectations we have.
4. Tails will provide all medical services and medications for animals within our care; expenses incurred by you in connection with medical care provided to the Tails animal by any other veterinarian will be paid by Tails only if you sought and received prior authorization for such care.
5. You understand and agree that although Tails takes reasonable care to screen animals for adoption placement, it makes no guarantees relating to the animals' health, behavior or actions.
6. You understand and agree that are taking part in the Sleepover Program at your own risk.
7. You agree that you assume the risks of being bitten, scratched, injured or frightened by the animal in your temporary custody.
8. You acknowledge that Tails is not responsible for any property damage or personal injury suffered by you, members of your household, or any third parties during the adoption trial placement period and you assume liability to provide adequate controls to prevent such damage or injury.
9. You agree that Tails is not liable to you for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which you might suffer or sustain in connection with the performance of your participation in the Sleepover Program, unless they are the result of intentional misconduct.
10. You agree to indemnify, defend and hold Tails harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with your intentional or grossly negligent performance of your adoption trial program activities for Tails.
11. You agree to indemnify, defend and hold Tails harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with your breach of Tails' rules, regulations, policies and programs.
12. You agree that only you, a spouse or adult family member may care for the animal in the Sleepover Program in your absence from home and that you may not leave the animal with a friend, relative or hired individual to provide care in your absence without advance approval from Tails.
13. You agree that this Contract represents the entire agreement between Tails and you, and supersedes any prior understandings between you and Tails with respect to your participation in the Sleepover Program activities. No modification of this agreement will be valid unless in writing and signed by both you and Tails.
14. You agree that this Contract is binding on you and your successors, heirs, assigns, executors and personal representatives.
15. You agree that this Contract and any disputes arising therefrom will be governed by the laws of the State of Illinois, and that in the event of a legal dispute in regard to this Contract, the venue for the filing and pursuit of any lawsuit by either party to this Contract against the other is DeKalb County, Illinois.

Dated: _____

Signature, Foster

Print Name

(For Staff Use)

Sleepover Checklist

- Verify Microchip
- Please Discuss at Adoption Memo and corresponding documents discussed/enclosed
- Heartworm Positive Dogs Only – Discuss heartworm disease and treatment protocol
- Post-Operative Instructions enclosed (when applicable)
- Medical History Discussed and checked for future medications needed

Medications sent home: _____

Employee Initials