



Southern States Mastiff Rescue

AL, FL, GA, MS, NC, SC, TN, VA
WWW.SOSMASTIFFRESCUE.ORG

Send to State Coordinator

completed and signed and the permanent home has been approved by the SC when possible. I will not release my foster Mastiff to another foster home until a Foster Care Contract has been completed and signed by the receiving foster home.

Description of Foster Mastiff

Name _____ Dog ___ Bitch _____
Color _____ Approx. Age _____ Approx. Weight _____ Height _____
Spayed _____ Neutered _____ Date (if known) _____
Identifying marks? _____ Microchip/Tattoo _____
Special needs or instructions _____

Date placed in foster home _____ Date permanently adopted _____

Volunteer Name (Printed)



Volunteer Signature

Date

State Coordinator Name (Printed)



State Coordinator Signature

Date

Foster Family Representative (Printed)



Foster Family Representative Signature Date

Address

City

State Zip

Home Phone

Work Phone

Cell Phone

E-Mail Address

Best time to be reached

Additional Comments:



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SSMR Mastiff ID # _____

FOSTER CARE AGREEMENT

The purpose of a foster home is to evaluate temperament and provide care in a loving environment on a temporary basis for our homeless Mastiffs until a suitable permanent home is found.

In providing a foster home, I understand and agree that:

I will provide food, shelter, medical care, and a loving environment for the Mastiff.

The foster Mastiff is under a great deal of stress and shall be treated accordingly. I shall exercise special care in introducing the Mastiff to any and all humans and animals. I understand that SSMR makes no warranties (expressed or implied) or representations as to the health fitness, behavior or temperament of the Mastiff. I accept this Mastiff "as is".

I shall administer all medications as instructed and keep records of dates of administration.

I shall not allow the Mastiff to be used for breeding purposes. If the Mastiff has not been altered, I shall, under the direction of my State Coordinator (SC) have the Mastiff altered by the date set by the SC. I shall care for the Mastiff after surgery and notify the SC of any problems that might arise.

I shall allow an authorized representative of SSMR to examine the Mastiff at a time convenient to me and make inquiries regarding the Mastiff at any time. If not satisfied with the conditions or care, I understand that, with the SC's approval, SSMR shall reclaim the Mastiff.

I shall immediately notify the SC of any and all problems or changes in the condition of the Mastiff, whether it is medical, physical, or behavioral.

I will be reimbursed only for pre-approved expenses. Routine or extraordinary expenses in excess of \$100.00 must be approved by the SC. I agree to notify the SC as to why the Mastiff in my care needs veterinary attention. In emergency situations, the SC or one of the Trustees will be notified at the earliest possible time the reason for veterinary attention and cost involved.

I will provide dated receipts for all expenses involved regarding my foster mastiff.

I will, with the assistance of the SC, help in finding and screening potential adopters, however, I may have the first right to permanently adopt my foster mastiff. I will not release my foster mastiff to a permanent home until SSMR Rescue Contracts have been