I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , am fostering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from Austin Pets Alive!. I have been counseled by a representative of the Behavior Team on one or more of the following behaviors that my dog has shown. After discussion, I will initial next to the pertinent information to indicate that I have read the behavior notes discussed:

\_\_\_\_ I understand that when it comes to off-site events, this dog is:

\_\_\_ Unknown \_\_\_ Able to Attend \_\_\_ Unable to Attend

\_\_\_\_ I understand that APA! does not recommend this dog to interact with one or more of the following:   
 \_\_\_ Dogs \_\_\_ Children \_\_\_ Cats/Other Small Animals

\_\_\_\_ I understand that this dog’s behavior around cats or small animals is unknown.

\_\_\_\_ I understand that this dog is not recommended to be off leash outside of the home.

\_\_\_\_ I understand all dog/dog meet and greets with potential adopters’ dogs need to happen at TLAC with an APA! Staff member present.

\_\_\_\_ I understand that this dog has shown resource guarding behavior towards one or more of the following:   
 \_\_\_\_ Dogs \_\_\_\_ People \_\_\_\_ Other Animals

\_\_\_\_ I understand that this dog should be separated from guests to the house via:   
 \_\_\_\_ Crate/Separate Room \_\_\_ Tie Down

If this dog has displayed territorial aggression, it is recommended that all meetings with potential adopters happen at:

\_\_\_\_Outside of the home

\_\_\_\_ I understand that this dog will require caution when meeting new people and/or strangers.

\_\_\_\_ I understand that this dog has bitten a human.

\_\_\_\_ I understand that this dog has shown separation anxiety.  
\_\_\_\_ OTHER : Do not stick fingers in crate due to bite incident in shelter. Do not introduce to young children without extreme caution. Use a muzzle when possible.

By signing below, I am agreeing to all of the guidelines set above by the Behavior Department. I understand that I am responsible for communicating this information to potential adopters, and will alert the Foster Team and/or Behavior Staff if I have questions regarding these restrictions.

Behavior Team Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Foster Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Sign Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_