

ANGELS LEFT BEHIND DOG RESCUE
ADOPTION CONTRACT

***Fill out this contract only if you are willing to make the changes necessary in your environment and lifestyle to accommodate life with a dog, such as changes of daily activities, fencing requirements, etc.

Name Of Dog _____

Breed _____

Male__ Female__ Color/Markings _____

Distinguishing characteristics _____

Birth Date or Approximate age _____

Vaccinations & Dates _____

Date of HW Test _____

Date of last monthly HW prevention _____

Date of last Flea/Tick prevention _____

Dog's Initial Veterinarian _____ Telephone _____

Spay/Neuter Date _____

De-Worming Date _____

ADOPTION FEE. ____ (Initial) We require an adoption fee (donation) of _____ for the dog, to help pay for expenses for the dog's food, veterinary care, flea meds, etc. The adoption fee may vary for each dog. The fee is determined by how much medical attention was needed to get the dog into good health.

The adoption fee will be held for 30 days. If your new dog isn't who you hoped he or she would be we will return the fee to you, or it can be applied toward the adoption of a more suitable dog. The dog MUST be returned within 30 days and in the same condition the dog was on the date of adoption.

NO REPRESENTATIONS. ____ (initial) I understand that this Dog was previously unwanted, a stray, mill rescue, breeder release or lost and may have been rescued by ALB from a dangerous, unhealthy and or cruel situation. This could have long lasting effects on the dog. I agree that ALB is making no representations or warranties about the personality, or temperament of the dog. We do our best to evaluate our dogs, but that does not guarantee its temperament or compatibility with you or any members of your family.

CARE OF THE DOG. ____ (initial) I agree to provide the Dog access to the house, fresh water, healthy dog food, adequate outdoor exercise, appropriate vet care, affection, and daily socialization with the family. Under no circumstances may the dog be crated or confined for more than 8 hours in a 24 hour period. If crated the crate shall be large enough for the dog to lie comfortably on its side. I will walk the dog on a leash, or place the dog in a protected run or other enclosed outdoor area, and never allow the dog to roam free unsupervised. I will treat the dog as a companion and family member. I will never leave the dog chained, cooped and /or otherwise confined for extended periods of time. I agree never to use the dog for dog fighting or any other sport in which one animal is pitted against another, and never to beat or taunt the dog in order to promote aggressive "guard dog" characteristics.

IDENTIFICATION. ____ (initial) The Adopted Dog must wear a form of identification with adopter's name and phone number at all times.

VETERINARY CARE. ____ (initial) I agree to keep all legally required vaccinations current including and not limited to Rabies, DHLPP and to ensure that the dog receives preventative medicine to protect against heartworm, flea, and ticks. I hereby agree and consent to Angels Left Behind inquiring with my veterinarian about the dog after the adoption. Please ask your vet to cooperate with and supply copies of complete medical histories and treatments.

TRANSFER, EUTHANASIA. (initial) I agree not to abandon, give away, sell, transfer, foster out or dispose of the dog in any way, and to notify ALB immediately at any time I determine I no longer want or can keep the dog, so that ALB can take the dog back to arrange another adoption. I agree that I may never surrender the dog to an animal shelter which euthanizes pets. ALB must be notified first of any decisions regarding placement of the dog. I agree that I may not euthanize the dog except in the case of the dog's terminal illness, injury, or old age accompanied by pain and suffering. The euthanasia must be performed by a licensed veterinarian in a private clinic or hospital.

LOST DOG. (initial) I agree to make a serious effort to find the dog if he or she becomes lost by immediately filing lost reports with the local police, animal control, animal shelters, local veterinarians, posting lost dog signs, and contacting us immediately if the dog becomes lost.

CHANGE IN ADDRESS. (Initial) I agree to keep the rescue informed of my current home address and phone number. In the event that ALB makes the determination that I have failed to comply, in spirit or letter, with any of the terms of this agreement, or the dog has been neglected or abused, as determined in our sole discretion, one of our remedies will be to immediately recover the dog from me upon demand and I will without hesitation surrender the dog to ALB immediately.

I have read and received a copy of and hereby agree to abide by all the terms and conditions of this agreement.

Signature of adopter: _____

Date: _____

Adopter name: _____

Adopter address: _____

Adopter phone number: _____ Cell: _____

Email address: _____

Angels Left Behind Contact Information:

Chasity Ortiz

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