

RESCUED TREASURES PET ADOPTIONS ADOPTION CONTRACT

Animal's Name:_____ Breed/Description:_____

Age/DOB:_____ Microchip Number:_____

As adopter, I understand that I am committed to this animal for his/her life and I agree to abide by these adoption conditions (please initial):

- ___ To care for the above described animal in a humane and responsible manner and to provide it with clean and adequate shelter, food, water and veterinary care. I agree that said pet shall reside inside my home and shall not be allowed to roam freely or be forced to live outside.
- ___ To have the dog examined by a licensed veterinarian at least once each year and provide for all vaccinations and preventive treatments necessary (especially but not limited to monthly heartworm preventive).
- ___ To make a donation to Rescued Treasures Pet Adoptions to help offset the costs of medical treatment and boarding fees: _____
- ___ ***To notify Rescued Treasures Pet Adoption IMMEDIATELY if for any reason I can no longer provide this animal with a good home. If there is a foster home available they will place it back in their care and if not, RTPA will assist in rehoming the dog. UNDER NO CIRCUMSTANCES will I sell or give him/her to anyone else or surrender him/her to a shelter without first contacting Rescued Treasures.***
- ___ Rescued Treasures makes no guarantee or statement regarding the dog's age, breed, health, or temperament. While Rescued Treasures Pet Adoption has made every effort to provide accurate history and assessment of the dog, it is not able to guarantee the dog's age, breed, medical status, behavior, or disposition. Rescued Treasures is available for consultation, advice and assistance pertaining to the health, training and compatibility of the dog. I agree to release Rescued Treasures Pet Adoptions and its members or representatives of any possible claims arising from injury or damage caused by the dog to any person or property. I accept this dog as is with all defects, either observable or unobservable, and assume all risk for the dog upon signing of this contract.
- ___ To provide a clean, secure fenced area for the dog. If a fenced enclosure is not available, I agree to leash walk the dog. If I use invisible fencing, the dog is to be sufficiently trained before releasing inside the system. Under no circumstances is the dog to be kept routinely on a runner, a tie out or left with electric fencing when no one is home.
- ___ To train the dog using scientifically based methods (non-aversive) and/or enroll in obedience classes if the dog needs further training which I cannot provide for them. Rescued Treasures is available for advice or recommendations but its volunteers are not licensed trainers and are not to be held liable for any training deficiencies or inaccuracies.

___ Rescued Treasures will pay for and schedule the vetting at one of their veterinary partners, but I am responsible for delivering the dog to an RTPA Volunteer the night before or morning of the vetting. There are times we only get 24 hrs notice however we will always do the best we can to give as much notice as possible. We have many volunteers and fosters who can assist with transports if needed and it is important with the current staffing shortages to not miss any available appointments given to us. In addition, we do get charged if an appointment is missed, so the adopter will be responsible for covering the \$100 cancellation fee if the animal is not delivered to a foster for the scheduled appointment. Any vetting or any other medical care done beyond what is listed here will be done at the adopter's cost.

VETTING STILL REQUIRED (Please initial all that apply/cross out those that do not)

___ Surgery: Spay /Neuter & Rabies Vaccination at time of vet appointment

Appointment Date:

NYS requires shelters and rescues to have dogs spayed/neutered before they are 6 months of age by law. If older, the dog will be altered as soon as possible given appointment availability. This is a NON-NEGOTIABLE condition of adoption. Your adoption will be considered void and the animal returned to a Rescued Treasures foster if this condition is not fulfilled and no part of the adoption donation will be returned.

___ DHPP **Due:** _____. *Your dog is not fully protected until this shot is complete, so please no paws on the ground at ANY location where unknown dogs frequent.(I.E.: pet stores, vet offices, dog parks, etc...)

___ Microchip *Remember to register your chip. Help can be found at: rescued-treasures.com/microchip/

ADOPTER'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

I certify that all statements made in this Adoption Contract are true and correct and that I have read and understand this contract.

SIGNED THIS _____ DAY OF _____ YEAR _____

ADOPTER'S SIGNATURE: _____

WITNESS SIGNATURE: _____

For Office Use Only:

Paid By:_____

Amount:_____

AME:_____

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