

**Adoption/Foster Contract**  
Because Of Bubbles Rescue Inc.  
212 Michele Dr. New Bern, NC 28560

**Circle or Highlight one:    ADOPTION    FOSTER**

**Applicant name:** \_\_\_\_\_ **SSN/License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **City, State:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Home e-mail:** \_\_\_\_\_ **Work e-mail:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

**Name of Dog:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Description:** \_\_\_\_\_ **Tracking/med record #:** \_\_\_\_\_

**The prospective caregiver agrees:**

(Read and initial)

- \_\_\_\_\_ 1. Dog are to live in a private residence as companion animals.
- \_\_\_\_\_ 2. To provide the Dog with sufficient quantities of nutritious food and fresh water each day.
- \_\_\_\_\_ 3. Never to strike or otherwise harm the Dog.
- \_\_\_\_\_ 4. Never to have the dog have a cosmetic procedure such as cropping or docking of tail unless approved by veterinary for medical reasons and must show proof of such.
- \_\_\_\_\_ 5. Spaying or neutering is required by five months of age. If dog is not spayed or neutered prior to adoption, proof of surgery must be mailed to the original caregiver within 30 days of the procedure.
- \_\_\_\_\_ 6. To ensure that the Dogs vaccinations for rabies, distemper/ parvo are current and to provide monthly heart worm, flea/ tick prevention as well veterinary care upon sickness, disease or injury.
- \_\_\_\_\_ 7. To give the original caregiver visitation rights within the first six months to ensure that the terms of this adoption agreement are being observed and a initial home inspection prior to adoption.
- \_\_\_\_\_ 8. If the Dog must be relinquished for any reason by the prospective caregiver, he or she MUST NOT turn the Dog over to a humane society, shelter or person, but must return the Dog to Because of Bubbles Rescue Inc. If the phone number and/or address for the original caregiver is no longer operative, the caregiver will make a good faith effort to locate and contact the original caregiver.
- \_\_\_\_\_ 9. I understand that failure to perform the foregoing agreement will constitute a breach of contract. In the event of any such breach of contract, I authorize the original caregiver to reclaim possession of the adopted Dog.
- \_\_\_\_\_ 10. In return for the above conditions, the original caregiver agrees to allow the prospective caregiver to adopt the above mentioned Dog.

This agreement was executed at: \_\_\_\_\_

(By signing this you are authorizing Because of Bubbles Rescue Inc. to conduct a veterinarian check)

ADOPTER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ORIGINAL CAREGIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* **Must Print and Sign** \*\*\*\*\*

- Once complete email back to Because of Bubble Rescue Inc.
- Once the email has been sent contact Because of Bubbles Rescue Inc. utilizing the contact information below if we have not contacted you within 24 hours.
- Because of Bubble Rescue Inc. will review your application and follow on actions will be taken in order to proceed with the adoption.
- If there are any questions regarding this application or adoption process please contact Because of Bubble Rescue Inc.
- ***Signature is not required until adoption process is complete.***

**Because of Bubble Contact Information**

- Phone: (614) 824-7598 / (614) 323-6725
- Email: Becauseofbubbles@gmail.com / aschmitz6145@gmail.com / amandaleehunt@gmail.com
- Instagram: @bcofbubblesinc
- Facebook: Because of Bubbles Rescue