

## IPPR ADOPTION AGREEMENT

Dog information:		
Name:	Gender:	SPAY/NEUTER
Age:Color(s):		
Breed:		
Microchip Number:		
Thank you for choosing to adopt from Innocent		
family member, know that you are embarking or	n a long term (10-15 year) co	ommitment to the
care of this animal.		
By adopting an animal from Innocent Paws Pup		
his/her lifetime and agree to the following comm	nitments: (Please read and in	itial next to each
commitment.)		
I agree to provide the Dog with a well-bala		nd all necessary
veterinary care including vaccinations and annua		
I will have this pet immunized and examine		
expense, and will obtain medical aid at once if the	· · · · · · · · · · · · · · · · · · ·	or unhealthy.
I will not sell, give away, or abandon this pe		
In the event my pet becomes lost, I will not		<u> </u>
immediately for their assistance. I will also conti	act Innocent Paws Puppy Re	scue regarding the
loss and I make every effort to locate my pup.		
I will abide by the laws protecting my new p	pet such as licensing, rabies	vaccinations, and
leashing when in public.		
I will abide by all state and local ordinances		
comply with said ordinances will give Innocent	Paws Puppy Rescue the righ	t to take possession
of the animal.		
I understand all adoption fees paid to Innoce		
medical care and are applied to the organization	's work in caring for animals	s, and are not
refundable.		
The Dog will NEVER be tied up on your pro		
understands that restraining a dog by tying it to		
and may cause theft of the pup, unpredictable be		
I will not leave the dog crated and/or other	wise confined for extended p	eriods
of time (more than 5 hours).		
I understand that while all precautions have		
parasites, and other illnesses, and has been vacci		
the inherent risk that health issues can arise desp		
issues. As the adopter, I am responsible for any	and all health issues that aris	se after receipt of this
animal.		

I acknowledge that the pup at the time of this adoption appears to be healthy.
Innocent Paws Puppy Rescue makes no warranties regarding the
temperament, behavior, or physical condition of this dog nor guarantees it free of genetic defects
and I hold harmless and indemnify Innocent Paws Puppy Rescue from all claims, demands,
action, causes of action, or liability of any kind whatsoever arising out of or in connection with
this adoption.
I understand that unless my pup was born in the care of the rescue that my pup's age is an
educated guess made by a licensed veterinarian.
I understand that any description of breed is a guess and if I wish to have the pups
genetics tested I do so at my own cost.
I understand that the cost of any veterinary care following adoption is entirely my
responsibility.
In the event that I am no longer able to care for this dog and s/he needs to be rehomed, I will contact
Innocent Paws Puppy Rescue to make arrangements for returning the dog to the rescue, understanding
that I forfeit my adoption fee. I understand that I will only be able to return the dog if there is an available
foster able to take her/him.
I will not re-sell the dog or use it for purposes of fighting in any form.
I understand that Innocent Paws Puppy Rescue's pups are spayed or neutered prior to
adoption but exceptions are made if the pup's life or health would be adversely affected
according to a licensed veterinarian.
I understand that this is a legal and binding contract and by my signature agree to all the
terms herein.
I confirm that all information given in this contract is correct and accurate. I also understand
that once the contract is signed and I have taken possession of the animal, I will be solely
responsible for any actions of this animal and I agree to hold harmless Innocent Paws Puppy
Rescue and its representatives from any liabilities, injuries or loss caused by this animal or any
causes of actions, claims, suits or demands that arise from such injury, damages or losses.
I understand that this animal may have been exposed to infectious diseases for which
symptoms are not apparent or detectable at the time of adoption. I assume full financial
responsibility for any and all possible health conditions, existing or acquired.
Per PACFA Code 19.6.3, I have received information regarding the risks associated with
rabies infection and the benefits of the rabies vaccine.
I was provided a copy of the medical documents pertaining to the above listed pup.
Adama Nama (Delatad)
Adopter Name (Printed):
Adopter's Signature:
Address:
City: State: Zip:
Phone Number:
Email:
Date of Adoption: