Microchip Number:



INNOCENT PAWS PUPPY RESCUE ADOPTION AGREEMENT

Dog Information:			
Name: Elvis	Gender:_	Male	SPAY/NEUTER
Age: ~ 5 Months Color(s): Black/Tan			
Breed: Chihuahua/Dachshund Mix			
Thank you for choosing to adopt from Innocent Paws Puppy	Rescue! 1	In adopti	ng your new
family member, know that you are embarking on a long term	n (10-15 y	ear) com	mitment to the
care of this animal.			
By adopting an animal from Innocent Paws Puppy Rescue ye	ou accept	the respo	onsibility for
his/her lifetime and agree to the following commitments: (Pl	ease read	and initi	al next to each
commitment.)			
If I am adopting a puppy who has not yet been fully vac	ecinated (a	at least th	ıree
Distemper/Parvovirus vaccines and a Rabies vaccine) I agre	e to not ta	ke the pi	uppy to areas
where s/he could be inadvertently exposed to diseases s/he is	s not yet fi	ully vacc	inated against
including but not limited to dog parks, open spaces, and/or w	valking th	rough sto	ores.
I understand that Innocent Paws Puppy Rescue's pups are	e spayed o	or neuter	ed prior to
adoption but exceptions are made if the pup's life or health v	vould be a	dversely	affected. If the
puppy that I am adopting is not altered at the time of adoptio	n, I have 1	received	a letter as to why
from Innocent Paws Puppy Rescue's veterinary provider.			
If I am adopting an unaltered puppy, I understand that i	n addition	i to the a	doption fee I will
provide a \$300 REFUNDABLE deposit that will be returned	d to me or	nce I pro	vide proof of the
puppy's spay/neuter to Innocent Paws Puppy Rescue. Proof	must be e	mailed t	0:
contactippr@gmail.com			
If I am adopting an unaltered puppy I promise to have t	he puppy	spayed/r	neutered by the age
of 5 months unless my veterinary provider recommends wait	ting at wh	ich time	I will email
Innocent Paws Puppy Rescue with a letter from my veterinar	rian with l	ner/his re	ason for delaying
alteration. I will provide Innocent Paws Puppy Rescue with	document	tation of	the spay/neuter
from my veterinarian in order to receive my refundable depo	sit. In the	e event I	do not provide
Innocent Paws Puppy Rescue with documentation of spay/ne	euter or a	letter fro	m my

Innocent Paws Puppy Rescue makes no warranties regarding the temperament, behavior, or physical condition of this dog nor guarantees it free of genetic defects. 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 my pup may have been exposed to infectious diseases for which

I understand that the cost of any veterinary care following adoption is entirely my
responsibility.
In the event that my dog 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 the dog may only be returned to the rescue if the rescue has an
available foster to care for the pup. In the event no foster is available I agree to foster until such
time that a foster or new adopter becomes available.
I understand that it is my responsibility to provide proper training to my dog and will
undergo professional training to address behaviors I'm not able to mitigate on my own.
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 Innocent Paws Puppy Rescue is licensed by the state regulating agency,
PACFA. Address: 305 Interlocken Parkway, Broomfield, CO 80021, Phone: (303) 869-9146,
Fax: (720) 634-0934, Email: cda_pacfa@state.co.us.
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 animal.
I understand that this is a legal and binding contract and by my signature agree to all the
terms herein.
Adopter Name (Printed):
Adopter's Signature:
Address:
City:Zip:
Phone Number:
Email:
Date of Adoption: