

Microchip Number:

**Innocent Paws**



**Puppy Rescue**

**INNOCENT PAWS PUPPY RESCUE ADOPTION AGREEMENT**

Dog Information:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ SPAY/NEUTER

Age: \_\_\_\_\_ Color(s): \_\_\_\_\_

Breed: \_\_\_\_\_

Thank you for choosing to adopt from Innocent Paws Puppy Rescue! In adopting your new family member, know that you are embarking on a long term (10-15 year) commitment to the care of this animal.

By adopting an animal from Innocent Paws Puppy Rescue you accept the responsibility for his/her lifetime and agree to the following commitments: (Please read and initial next to each commitment.)

\_\_\_ If I am adopting a puppy who has not yet been fully vaccinated (at least three Distemper/Parvovirus vaccines **and** a Rabies vaccine) I agree to not take the puppy to areas where s/he could be inadvertently exposed to diseases s/he is not yet fully vaccinated against including but not limited to dog parks, open spaces, and/or walking through stores.

\_\_\_ 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. If the puppy that I am adopting is not altered at the time of adoption, I have received a letter as to why from Innocent Paws Puppy Rescue's veterinary provider.

\_\_\_ If I am adopting an unaltered puppy, I understand that ***in addition to the adoption fee*** I will provide a \$200 **REFUNDABLE** deposit that will be returned to me once I provide proof of the puppy's spay/neuter to Innocent Paws Puppy Rescue. Proof must be emailed to: [contactippr@gmail.com](mailto:contactippr@gmail.com)

\_\_\_ If I am adopting an unaltered puppy I promise to have the puppy spayed/neutered by the age of 5 months unless my veterinary provider recommends waiting and I will provide Innocent Paws Puppy Rescue with documentation from my veterinarian to this effect.

\_\_\_ I agree to provide my pup with a well-balanced diet, sufficient water and all necessary veterinary care including vaccinations and annual physical examinations.

\_\_\_ I will have my pup immunized and examined by a licensed veterinarian per their recommended intervals at my own expense, and will obtain medical aid at once if this animal becomes injured or unhealthy.

\_\_\_ I will not sell, give away, abandon, relinquish to a shelter, or use my pup for purposes of fighting in any form and/or at any time.

\_\_\_ My pup will NEVER be tied up on my property or elsewhere. As the adopter, I understand that restraining a dog by tying it to a fixed post or wire run is unsafe and may cause theft of the pup, unpredictable behavior, and random aggression.

\_\_\_ I will not leave my dog crated and/or otherwise confined for extended periods of time (more than 5 hours).

\_\_\_ In the event my pup becomes lost, I will notify the nearest animal control agency/shelter immediately for their assistance. I will also contact Innocent Paws Puppy Rescue regarding the loss and I will make every effort to locate my pup.

\_\_\_ I will abide by the laws protecting my new pet such as licensing, rabies vaccinations, and leashing when in public.

\_\_\_ I will abide by all state and local ordinances regarding safety and care of my dog. Failure to comply with said ordinances will give Innocent Paws Puppy Rescue the right to take possession of the dog.

\_\_\_ I understand all adoption fees paid to Innocent Paws Puppy Rescue are fees to help cover costs and services for caring for the animals in the rescue's care and are ***not refundable***.

\_\_\_ I understand that while all precautions have been taken to rid this animal of worms, parasites, and other illnesses, and s/he has been vaccinated age appropriately, adoption comes with the inherent risk that health issues can arise despite the rescues best efforts to prevent such issues. As the adopter, I am responsible for any and all health issues that arise after receipt of my dog.

\_\_\_ 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 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.

\_\_\_ I understand that any description of breed is a guess and if I wish to have my pup's 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 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](mailto: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: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Adoption: \_\_\_\_\_