

Rescue Rehab HOME
561-241-3676
www.RescueRehabHome.org

Name of Dog: _____	Breed: _____
Sex: _____	Age: _____
Spayed/Neutered: _____	

Adopter's Name: _____	
Address: _____	
City: _____	State: _____
Zip: _____	
Home: () _____	Mobile: () _____
Driver's License No.: _____	State: _____
Email: _____	

TERMS OF ADOPTION

1. Care of Dog. Ownership of the Dog entails significant responsibility and care. It is expected that at all times Adopter will treat the Dog in a kind humane manner and provide the Dog with a healthy, clean, and loving living environment. The Dog shall NEVER be left outside as a yard dog, and shall NEVER be staked out or chained. Adopter will provide adequate food, fresh water, shelter, indoor sleeping quarters, exercise and veterinary care. The Dog will not be transported in an open pick-up truck or boat. The Dog will not be trained for fighting, for use or used as a guard dog for any agency, firm, corporation or organization. **Initial** _____
2. Health Program. The Dog will be placed on an inoculation and daily/monthly heartworm preventative program established by a qualified veterinarian, in order to guarantee its health. Annual rabies vaccine and license is required by state law. **Initial** _____
3. Identification. The Dog will, at all times, wear a buckle collar or harness with current rabies tag and ID tag. **Initial** _____
4. Change of Address. Adopter(s) agree to notify *Rescue Rehab Home* prior to any change address. **Initial** _____
5. Spaying/Neutering. If dog is not spayed or neutered, Adopter will leave \$100 refundable deposit. Adopter agrees to have dog surgically sterilized by _____ (date) or adoption agreement will be terminated. **Initial** _____
6. If Adopter:
 - (i.) fails or is unwilling to comply with the terms hereof
 - (ii.) wishes to transfer ownership of the Dog to another party
 - (iii.) otherwise wishes to give up ownership of the DogAdopter shall notify *Rescue Rehab Home* in order to provide *Rescue Rehab Home* to locate a new qualified owner, or in the case of a proposed transfer of ownership to determine the qualifications of the proposed new owner. **Initial** _____

Rescue Rehab Home requires Adopter to agree to allow authorized representatives of *Rescue Rehab Home* to contact adopter and visit Adopter at Adopter's home to verify that the Terms of Adoption are being complied with by Adopter.

Donation Amount \$ _____ (*Please note that your non-refundable donation is 100% tax-deductible*)

Signed _____ **Date** _____

Signed _____ **Date** _____