

ADOPTION AGREEMENT

Pets Name: _____ Age/DOB: _____ Sex: _____ Adoption Fee \$ _____

Color/Description: _____ Spayed/Neutered Intact

Vet Name & Address: _____ Phone Number: _____

Known health conditions/treatments or other comments: _____

I, (NAME) _____, hereafter referred to as the adopter, hereby agree that the above described animal is being adopted by me solely as a pet for myself and/or my immediate family. I agree that I will not sell, give away or otherwise dispose of said animal to any person(s), for any reason. If at a later date I am unable or unwilling to keep this pet, I agree to first contact *CHARLENE PENNEY AT HelpAWS* and give her the option to reclaim said pet at no charge. I understand that I will not receive a refunded adoption fee.

I hereby agree to care for the above-described pet in a humane and responsible manner and to provide it with clean and adequate shelter, food, water and veterinary care. I further agree that said pet shall reside inside my home/yard and shall not be allowed to roam freely. I hereby agree that this pet shall wear a collar or harness at all times.

I agree to take the animal to a veterinarian with 1 week of adoptions as I am aware that HelpAWS does not screen for all diseases including, but not limited to, tick-fever and heartworm. I have contacted my veterinarian, and have given consent for HelpAWS to access and discuss my new animals file and treatment plans. All further examinations and immunizations from this date on are at my own expense. I understand that HelpAWS makes no health guarantees or warranties. Date & Time of first Vet appointment: _____.

I agree to have the dog spayed/neutered by 7 months of age. I understand that a spay/neuter procedure is included in my adoption fee when the animal is between 6-7 months of age. I understand that if I wish to have said dog altered at a clinic of my choice, I must do this by 7 months of age, and show proof of procedure to HelpAWS in order to receive \$200 rebate. Failure to provide proof of spay/neuter by 7 months of age, and/or failing to complete said procedure at Beaches Animal Clinic in Toronto will result in HelpAWS considering the \$200 rebate as a donation, and has the right to remove the dog from your care. My procedure date & time at Beaches Animal Clinic in Toronto: _____.

I understand and agree that HelpAWS and/or their Foster Families, makes no representations or warranties, expressed or implied, about the above mentioned dog's temperament, and is hereby absolved from any liability for future damages or injuries caused by said animal. I also understand that the HelpAWS gives no guarantees, expressed or implied, of the suitability of the dog to the adopter and/or family. If I encounter an issue, I will seek professional advice, or contact HelpAWS for their opinion.

I certify that all statements made by me on this adoption agreement are true and correct. I agree that the current owner has the right to confiscate the above described animal in the event that any statements made by me are found to be false and/or my check for the adoption fee is returned for insufficient funds.

Adopter's Name: _____ Phone Number: _____

Full Mailing Address: _____

Adopter's Signature _____ Date _____