

# AGREEMENT FOR RESCUE ADOPTION

## RESCUE DOG INFORMATION

Name:	Breed:
Color:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age:	Date of Birth:
Distinguishing Marks:	
Microchip Number:	Circle: Avid/Home Again/AKC/Other:

Companion Animal Rehabilitation Emergency Medical Fund ("CARE") and the following adopter or adopters have agreed to the adoption of the Rescue Dog listed above.

## ADOPTER INFORMATION (PLEASE PRINT)

Name (1):			
Name (2):			
Street Address:			
City:	State:	Zip:	
Primary Phone Number:	<input type="checkbox"/> Cell	<input type="checkbox"/> Home Phone	
Secondary Phone Number:	<input type="checkbox"/> Cell	<input type="checkbox"/> Home Phone	
Email:			
Email:			
Foster Home Contact Name:			
Foster Home Phone Number:			

## ADOPTION FEE

The adopter paid an adoption fee of \$ \_\_\_\_\_ for the dog described on this document. **Adoption fees are nonrefundable.**

## ADOPTER'S AGREEMENT

1. I agree to take this dog to my veterinarian for a checkup within 15 days of adoption.
2. I will not relinquish ownership, abandon, or dispose of this dog in any way without first giving CARE notification and the opportunity to return the dog if I cannot keep him or her for any reason.
3. I will allow a CARE Representative to examine the dog and its living conditions after adoption, and to surrender it to said representative for return to the organization if the conditions are found unsatisfactory. Unsatisfactory conditions include any violations of the terms of this agreement or any violation of local laws concerning animal welfare.
4. I understand that it is impossible to predict how this dog will react to new situations (adults, children and other animals) and it is my responsibility to ensure the safety of those that interact with this dog.
5. I agree to keep this dog in my personal possession, provide quality and sufficient food, water, shelter, grooming, veterinary care, obedience training and humane treatment always.
6. I agree to obtain veterinary care at once if he or she becomes sick or injured and will keep current all vaccinations as recommended by the veterinarian.

7. I will follow all animal control regulations governing the area in which I live and license this dog according to local regulations.
8. I will assume responsibility for this dog's actions and for any damage done by this dog from the time of adoption.
9. I have been made aware of this dog's personality and history to the extent known by CARE.
10. I will keep this dog as my household pet and companion. I will ensure that when outside and unattended, the dog is in a secure fenced yard or kennel run with adequate shelter from the elements. I will exercise him or her on a leash and will never allow him or her to run loose without adequate adult supervision. I will never chain or tie this dog without being in attendance. I will not leave the dog outdoors overnight.
11. I will keep CARE current on any address changes.
12. I will not have any cosmetic alterations, such as ear cropping, or tail docking done on this dog.
13. I understand that I will automatically receive marketing materials such as newsletters, emails, mailers and other means of communication dealing with the activities of CARE, periodically. We do not sell your information to any third party. (If checked, I decline this option. )

**MEDICAL HISTORY DISCLAIMER**

CARE has completed all reasonable medical treatment needed for this dog. If there are any medical issues identified within the 15 days of adoption that are not acceptable by the adopter, the dog can be returned to CARE. CARE does not routinely perform testing for Valley Fever, Tick Fever or x-ray for dysplasia, although we do test for these conditions if we have reason to suspect the dog has any of these conditions. All medical treatment after 15 days of adoption will be the responsibility of the adopter.

CARE is aware of the following medical conditions:

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CARE will only be responsible for the following treatment:

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**MEDICAL RECORDS**

	Given at Adoption	To Be Mailed
Proof of Rabies vaccination certificate or county pound sheet:	<input type="checkbox"/>	<input type="checkbox"/>
Copy of other vaccination records:	<input type="checkbox"/>	<input type="checkbox"/>
Spay/Neuter Certificate (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>
Dog has been chipped with:		
This dog has a current county license:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Information:		

**PHOTO AND MEDIA RELEASE**

Companion Animal Rehabilitation Emergency Fund (“CARE”) maintains a website and certain other sites and/or printed material to promote the activities of the organization. Among other things, CARE may also publish a newsletter, use social media, periodically create printed and electronic material, use a website for internal operations and publish other material for distribution to the public through various forms of media (the “Media”). The Media may contain any type of content, including but not limited to rescues’ biographies, informational and feature articles and stories, interviews, photographs and videos (which may include images of you and other family member and/or your home or other property), a calendar of events, and other materials (collectively the “Material” which may be created, contributed and/or maintained by CARE volunteers, adopters and other individuals.

**ASSUMPTION OF RISK RELEASE AND HOLD HARMLESS AGREEMENT**

I am at least eighteen (18) years of age. In agreeing to adopt for CARE, I acknowledge that there are many risks associated with being around dogs, including though not limited to the risks of being bitten, scratched, jumped on, knocked over, chased, tripped, infected with a disease, injured, frightened, receiving a life-threatening injury, sustaining property damages and incurring liability for a dog’s action.

I voluntarily assume these and all other risks both on behalf of myself, my children, my spouse, guests and others. I agree to inform my guests of the existence and contents of this waiver. I acknowledge CARE is a referral agency and they cannot make any guarantees about dogs and they cannot control or prevent dogs from causing injuries or damages. Acting on behalf of my family, children, guests, heirs, personal representative and myself, I forever release and discharge CARE, their members, officers, employees, directors and agents and covenant to hold them harmless from all liability, claims, damages, demands, costs, expenses, actions and causes of action including though not limited to negligence arising out of any dealings with CARE and any dogs.

Arizona law shall apply to interpret this Agreement. I have carefully read and understand the Agreement. I acknowledge CARE is relying on this Agreement in accepting my offer to adopt from CARE. By signing below, I agree to the above.

**RETURNS**

The adopter grants CARE the right of first refusal for any dog adopted through CARE. The adopter shall not relinquish ownership, abandon or dispose of such dog in any way without first contacting CARE and allowing the organization the opportunity to exercise its right of first refusal. In exercising its right of first refusal, the adopter agrees to give CARE the option of taking the adopted dog back into our organization’s Foster Care Program. **Adoption fees are non-refundable.**

**SIGNATURES**

_____ Adopter Signature (1):	_____ Date:
_____ Adopter Signature (2):	_____ Date:
_____ CARE Representative (print name):	
_____ CARE Representative Signature:	_____ Date: