Angela Sera <u>ebby\_sarg@yahoo.com</u> 979-826-2480

## **Rescue and Rehabilitation Adoption Contract**

| Name:   |                  | Species: |                     | Breed: |                   |
|---|------------------|----------|---------------------|--------|-------------------|
|   |                  |          |                     |        |                   |
|   |                  |          |                     |        |                   |
| Gender:   | Approximate Age: |          | Approximate Weight: |        | Microchip Number: |
| Male Female   |                  |          |                     |        |                   |
|   |                  |          |                     |        |                   |
| Identifying Marks:  |                  |          |                     |        |                   |
|   |                  |          |                     |        |                   |
|   |                  |          |                     |        |                   |
|   |                  |          |                     |        |                   |
| Neutered/Spayed On: Required Neuter Date: (if applicable) |                  |          |                     |        |                   |
|   |                  |          |                     |        |                   |
|   |                  |          |                     |        |                   |

I am assuming full responsibility for the animal listed above and agree that:

- 1. I will be adopting this animal as an indoor pet, and at no time will it be left outside overnight.
- 2. I will ensure that the animal is never left to the elements.
- 3. I will never physically abuse or allow for any intentional or negligent harmful circumstance to befall this animal.
- 4. I will supervise all children when they are playing with this animal.
- 5. I will provide this animal with a safe environment for play and exercise.
- 6. I will provide this animal with a balanced diet with fresh food and water daily.
- 7. I will provide this animal with medical care and keep it in good health.
- 8. I will not breed this animal.

I further agree that, if the animal is being adopted as part of a pair or group, it will not be separated. Group details are as provided below:

| Name: | Microchip: | Breed: |
|-------|------------|--------|
|       |            |        |

1 Initials:

| Dogtown Ranch Sanctuary |
|-------------------------|
| 1009 Willow Creek Drive |
| Elgin, TX 78621         |

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2 Initials:

**Dogtown Ranch Sanctuary** 1009 Willow Creek Drive Elgin, TX 78621

Email:

3

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**Initials**:

## **Rescue and Rehabilitation Adoption Contract (continued)**

| I also agree that if the above animal is unaltered (not spayed or neutered):   |
|--|
| <ol> <li>I will keep the animal separate from other unaltered dogs.</li> <li>I will have the unaltered animal neutered/spayed by the age of six months.</li> </ol>   |
| Once the animal is adopted, I agree that Dogtown Ranch Sanctuary will not be held liable or responsible for any damage or injury related to this animal. I further agree that this animal may have unknown health, mental, or social problems that may not have been disclosed. I have been advised of my rights to have the animal considered for adoption examined, at my expense, by a veterinarian. I have been further advised that I have no obligation to adopt this animal based on that examination (if performed), and that the results will be provided to Dogtown Ranch Sanctuary. I further understand that health problems may arise in the future for which Dogtown Sanctuary will not be held responsible. |
|  |
| I understand that the animal is not to be given to be re-homed or given to a new owner. If I am unable to maintain this agreement for any reason or am no longer able to care for this animal, I will return the animal to Dogtown Ranch Sanctuary.  I agree that Dogtown Ranch Sanctuary is authorized to remove this animal if it is not receiving adequate home care or is being endangered by lack of veterinary care, or if there has been a violation of the adoption agreement or any local anti-cruelty laws.  |
| changered by tack of vetermary care, or it there has been a violation of the adoption agreement of any local and-crucky laws.  |
| I have read the agreement and and will abide by its terms. I am aware that the adoption fee is non-refundable.   |
| Adoption Fee:  |
| Adopter:   |
| Name (signed):   |
| Name (printed): Date:  |
| Address:   |
| City, State, Zipcode:  |
| Phone Number:  |

Dogtown Ranch Sanctuary 1009 Willow Creek Drive Elgin, TX 78621 Angela Sera <u>ebby\_sarg@yahoo.com</u> 979-826-2480

| Dogtown Ranch Representative: |       |  |  |  |
|-------------------------------|-------|--|--|--|
| Name (signed):                |       |  |  |  |
| Name (printed):               | Date: |  |  |  |

4 Initials: