

PENNY ANGEL'S BEAGLE RESCUE
PO BOX 2161
VENTNOR, NEW JERSEY 08406
PHONE: 609-965-9476
FAX: 609-965-9279

EMAIL: beagler534@comcast.net

ADOPTION CONTRACT

I, _____, adopt this animal and release the adoption agency from all claims for personal injury and/or property damage to myself or others associated with this adoption. The welfare of this animal will be my sole responsibility. I AM NOT ADOPTING THIS ANIMAL FOR ANOTHER PERSON. This animal will not be used for breeding, medical or experimental purposes. I understand that in the event I give false information or do not follow the terms of this contract, the adoption agency may remove this animal from my household and start legal proceedings against me at my expense and may assess damages in the amount of \$2,000.00 against me.

1. **HEALTH:** After adoption, this animal's health becomes my full responsibility. I will provide necessary veterinary care upon sickness, disease, or injury. In addition, the dog will be placed on an inoculation program as prescribed by a licensed veterinarian in order to assure and maintain the health of the dog. The dog will receive a rabies vaccination and be licensed in accordance with state and local ordinances. The dog will be tested for heartworm, and a heartworm preventative will be administered as prescribed by a veterinarian.
 - a. I will have this dog spayed/neutered no later than _____. I will send written proof of spaying/neutering to Penny Angel's Beagle Rescue within 10 days of completion.
2. **CONTROL:** I will keep this animal in a private residence only. The dog will be kept on a leash or in a fenced-in yard. The dog will be under voice control or on lead when not within the boundaries of the adopter's property. I will keep an ID tag on this dog at all times, and telephone the adoption agency immediately if this animal becomes lost.
3. **TRANSFER OF OWNERSHIP:** If I can no longer keep this animal, I MUST telephone or email Penny Angel's Beagle Rescue to arrange for re-adoption. I will never abandon this animal or give him or her to a shelter or another person. I will insure that this animal is never sold, given up for experimentation, or exchanged in any form. I will abide by the terms of this contract and allow the adoption agency sufficient time to arrange for re-adoption or foster care.
4. **RESERVATION OF RIGHTS:** I understand that I may be contacted for further verification of the animal's welfare and will cooperate by providing whatever information is requested which could include a visit into my home by the adoption agency. Penny Angel's Beagle Rescue reserves the right to investigate into the living conditions of any animal adopted and may remove such an animal being kept in violation of the requirements in this contract.
5. **RELEASE:** I do not hold Penny Angel's Beagle Rescue responsible for errors in the information provided to me about this animal. Further, I understand and agree that a representative, as an individual and as Penny Angel's Beagle Rescue, CANNOT GUARANTEE THE HEALTH, TEMPERAMENT, TRAINING OR SUITABILITY of this dog for any particular purpose. The undersigned adopter does hereby release and covenant to hold harmless Penny Angel's Beagle Rescue, it's members and officers, and indemnify them from any claims, damages, costs or actions incurred as a result of this adoption or caused by the actions of the dog transferred herein. I accept all responsibility and liability for the animal at the date of adoption.

This Word Document can be emailed to beagler534@comcast.net

6. I understand that the donation made as part of this contract is a gift and not a payment for a value received. This donation is not refundable after 24 hours. Amount of donation: \$ _____.

DATE: _____ ADOPTER: _____

DATE: _____ ADOPTION
INDIVIDUAL/AGENCY: _____

******KEEP THIS CONTRACT WITH YOUR ANIMAL'S MEDICAL RECORDS******