

Florence Dedman Animal Shelter and Foundation

1410 24<sup>TH</sup> Street, P.O. Box 1282, Fort Benton, MT 59442 (406) 622-5657 dedmanfoundation@gmail.com

## **Canine Adoption Contract**

Name:		Date:	
Physical Address:			
Mailing Address:			
Phone #:	Cell Pho	ne #:	
Do you in live in a: House			
Do you OwnRent			
If you rent what is your landlords Name:		Phone:	
Please provide the names and phone #s of 2	2 references we ma	y contact	
1		·	
2			
Please list any other animals in the househo			<u> </u>
Provide the name and phone # of your veter	rinarian		<u> </u>
Have you ever surrendered an animal to the	e Florence Dedman	Animal Shelter?	

If you answered yes please explain:

## Please initial the following statements after you have read and understood them.

\_\_Adopter shall keep the animal as a pet/companion and not exclusively as a guard dog.

(**Puppies Only**) Adopter understands that puppies have only received age-appropriate vaccinations and it is up to the adopter to make a veterinary appointment to get appropriate booster vaccinations.

\_\_\_\_\_Adopter understands that going to a new home is stressful. Sometimes the animal can become scared or sick. It is up to the adopter to monitor to make sure he/she is acclimating well and if they do get sick will make a veterinary appointment to get started on appropriate medications.

Adopter understands the need to slowly transition their new pet to food of their choice. Mix food from the shelter with new food 75/25 for 3 days, 50/50 for 3 days, 25/75 for 3 days.

\_\_\_\_\_ Adopter shall provide the animal with humane care and maintain it in accordance with all current and future state, county, and municipal laws and ordinances where the Adopter resides.

\_\_\_\_\_Adopter shall provide adequate food, fresh water, shelter and proper socialization.

\_\_\_\_\_ Adopter shall provide the animal with necessary veterinary care upon sickness, disease or injury and shall take it to a veterinarian at least once a year for an annual health examination and routine vaccinations.

\_\_\_\_ The animal shall not be sold, transferred, relinquished nor given to any research institution where medical experimentation or other experimental practices take place.

\_\_\_\_ The animal shall reside at the Adopter's address.

\_\_\_\_\_The Adopter shall not abandon this animal because of a move.

\_\_\_\_The Adopter agrees to give the described animal a <u>minimum</u> of two (2) weeks to acclimate to you and your household.

\_\_\_\_\_The Adopter understands that the Florence Dedman Animal Shelter and its representatives have limited information regarding the health, temperament and/or habits of the animal. The Adopter agrees to accept the animal as described.

\_\_\_\_\_The Adopter, does hereby release, discharge and hold harmless the Florence Dedman Animal Shelter, and any other person, firm or corporation charged or chargeable with liability, their heirs, administrators, executors, successors, and assigns from any and all claims, damages, costs, expenses, loss of services, actions and causes of action, whether known or unknown, belonging to the said Adopter arising out of any action or occurrence from the date of this contract arising out of or in connection with the adoption of the animal described below.

\_\_\_\_The Florence Dedman Animal Shelter may make inquiries and/or examine the animal at any time, upon reasonable notice. If the rescue determines the Adopter is not providing adequate food, shelter, veterinary care or is otherwise in breach of any obligations herein, the rescue shall be entitled reclamation of the animal and make arrangements for the animals care and re-adoption.

\_\_\_\_The Adopter agrees to pay any and all expenses, including court costs and reasonable attorney fees in enforcing the terms and provisions of this contract.

Adoption Fees are non-refundable and are as follows:

Dogs: \$150.00Puppies: \$150.00Senior Dogs: \$90.00If the animal has not been sterilized prior to this adoption due to age or physical condition a \$100.00deposit will be required. Once the Adopter provides proof of sterilization, the Adopter will be reimbursed theirdeposit. The deposit will be forfeited if spaying or neutering is not done within 30 days if the dog is more than6 months old at the time of adoption OR by the time the animal is 6 months of age.\*If adopter does not contact Dedman Animal Shelter when the spay/neuter is due, adopter understands theirspay/neuter deposit will be forfeited\*

A current vaccination/medical record of the adopted animal will be provided to you. If the said animal is not old enough for a rabies vaccination a deposit of \$30 will be required and reimbursed with proof of vaccination.

I certify I am at least 18 years of age and the information provided is correct to the best of my knowledge. Providing false information will result in the reclamation of this animal. I am fully aware that I am adopting a living creature and the Florence Dedman Animal Shelter is unable to guarantee the health or behavior of any animal. I understand that I may return the animal to the Florence Dedman Animal Shelter if it has an illness diagnosed by a licensed veterinarian within 7 days of this adoption placement. *I understand any sum paid to the Florence Dedman Animal Shelter is non-refundable except for the diagnosis of illness as stated above.* 

THE UNDERSIGNED hereby acknowledges they have read the terms of this contract and does hereby agree to abide by each of the rules of adoption set forth above.

## The Florence Dedman Animal Shelter reserves the right to refuse any adoption!

Signature of Adopter	Date		
0	FFICE USE ONLY		
Animal Name: Breed:	Animal ID# Age:		
Approved for adoption Denied adoption (please explain)			
Staff Signature:			
Adoption amount: Check#	-		