

Adoption Contract

Triangle Beagle Rescue of NC

2314 Lyon Street * Raleigh, NC 27608

email: tbrboard@tribeagles.org * website: www.tribeagles.org *

I, _____, do this ___ day of _____, 20___, enter into this Adoption Contract and acknowledge receipt from Triangle Beagle Rescue of NC (TriBeagles) of the animal named and described as: _____(name), _____ (ID #), _____ (breed),____ (sex), _____ (age), _____ (color). Description: _____ and tender the following adoption fee: \$_____. I realize that there is a \$25 fee for returned checks. *Make your check payable to Triangle Beagle Rescue of NC.*

Your adoption coordinator's name is Tina Gnolfo Phone: 919-771-7777 or 919-349-8512 Email: beant44@yahoo.com

In an emergency, if the adoption coordinator is unavailable, you may call Mike Walsnovich 919-824-5286

The adoption fee includes the following:

- Shelter fees
- Initial examination
- Deworming, flea treatment and other anti-parasite treatment as necessary
- Spaying or neutering
- Heartworm test and treatment if necessary
- Microchipping
- Boarding as necessary
- Dental work as necessary
- OTHER: _____

Adoption fees provide only about half of our operating budget. We encourage adopters to make an additional donation above the cost of the adoption fee to help us save more beagles. *The amount donated above the adoption fee is a tax-deductible contribution.*

I would like to make a donation of \$_____ for the rescue of other beagles at this time.

TriBeagles agrees to provide a dog that has been vaccinated, dewormed, sterilized (if possible), and treated for heartworms (if necessary). **TriBeagles is only responsible for vaccinations that are due up to the time of the adoption.**

TriBeagles agrees to provide medical records and a history of the dog as it is known to us, including any problems (medical or temperament) that we have noted or have been informed of.

I (the adopter) agree to these following terms and provisions:

1. I will take the dog to a veterinarian within two weeks of the date of adoption. **From the date of this contract, I agree to assume full responsibility for the veterinary care of this dog, with the exception of heartworm treatment if needed after the six-month recheck.** I will have the dog rechecked for heartworm infection (at my expense) on or about the ___ day of _____, 20__ (which is 6 months from your dog's last heartworm test or treatment). In the unlikely event that the dog tests positive, I will contact my adoption coordinator to discuss treatment options. TriBeagles will provide treatment at a veterinarian of TriBeagles choice, with transport to be provided by the adopters.
2. I will provide this dog with humane care and maintenance in accordance with all current and future state, county and local laws and ordinances where I reside.
3. I will provide the dog with necessary veterinary care upon sickness, disease and injury. I will take him or her to the veterinarian once a year for an examination and routine vaccinations and tests, or more often if necessary.
4. I agree to provide – at a minimum – the following vaccinations and tests at the intervals required by law or advised by my veterinarian: rabies, distemper/parvo combination, and a heartworm test followed by a regular course of preventative. I will keep the dog free of dangerous and irritating pests such as ticks and fleas.
5. I will provide this dog with a fully fenced yard or other humane means of exercise. He or she shall not be kept constantly chained or tied outside. I will not leave the dog in an electronic containment system unsupervised.
6. If, for any reason, I cannot keep this dog, I will return it to TriBeagles. The dog will not be given away, sold, or exchanged. I understand that any friend or family member who wishes to take ownership of this dog will be required to apply to TriBeagles for the right to adopt it.
7. This dog will reside in my home, will be kept as a household pet, and will not be used for breeding, or exclusively as a hunting or guard dog.

8. I will provide a collar and harness for the dog to wear at all times when allowed outdoors the collar must have the TriBeagles tag, a microchip tag, a rabies tag, and a personal tag with my; information on it. I must also use a non-retractable flat leash.

9. The dog is to be crate trained, and will not be left unsupervised with other pets or children for the first month of adoption. The dog need not be crated when unsupervised past the introductory period.

10. I agree, from the date of this contract, to release and indemnify Triangle Beagle Rescue of NC (TriBeagles) from any and all claims, known or unknown, now or hereafter arising in connection with this dog.

11. I consent to the examination of this dog by TriBeagles at any time and acknowledge that TriBeagles has the right to reclaim the dog at any time for failure to comply with the terms of this contract or for any misrepresentations of fact I made on the adoption application or in this contract.

12. I agree to pay Triangle Beagle Rescue of NC for any and all expenses, including court costs and reasonable attorney's fees, if legal action is necessary to enforce the terms and provisions of this contract.

13. If for any reason this dog has not been spayed or neutered prior to the execution of this contract, I agree to have the appropriate surgical procedure performed on or before _____ (or by 5 months of age) and to provide documentary proof that this has been performed. I understand that the dog may be spayed or neutered at our vet at no expense to me or at a vet of my choice. I will contact my adoption coordinator at least one week before the above deadline if I wish to have the dog spayed or neutered at our vet. If the dog is altered at a vet other than our vet, TBR will reimburse me up to \$65 for a spay and \$55 for a neuter, and proof of payment is required. I acknowledge that until the dog has been spayed or neutered, my adoption of the dog is not complete and that TriBeagles has the right to and will reclaim the dog if the operation is not performed.

14. If the dog is returned back to Triangle Beagle Rescue within 30 days and not exchanged for another dog, then all but \$100 of the adoption fee will be returned to the adopter.

Adopter signature: _____ Phone:

Adopter name (printed): _____ email:

Address: _____

TriBeagles Representative: _____ Date: _____

FOR MICROCHIP PURPOSES

Owners Work Phone: _____

Alternate Contact Information

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Pet Information

PET NAME: _____

BREED: _____

GENDER: _____

AGE: _____

SIZE: 13 inch/15 inch/other: _____

WEIGHT: _____

COLOR: _____

MEDICATION: _____

OTHER DATA: _____

MICROCHIP NUMBER: _____

The officers and volunteers of TriBeagles remain interested in the welfare and well-being of your dog and his or her new family. Please contact your adoption coordinator if you have any questions or concerns. News of your dog and photographs are always greatly appreciated. Please consider us part of your extended family.

Emergency contact (*only if you cannot reach your adoption coordinator*): Mike Walsnovich 919-824-5286