



Adoption Agreement

I, Amber Mclean am accepting full responsibility, (including financial) for this dog, Katya, on 5/27/15 from _____ with APBF.

I promise to keep this animal current on vaccinations, (including DHLPP and CRV) under a licensed Veterinarian, and on year round Heartworm prevention. If, upon adoption, this animal is too young to be altered, I promise to have him/her spayed or neutered by / / , and I will provide proof to APBF upon completion of the surgery. I agree that this animal will not be used for breeding purposes prior to his/her spay/neuter date.

I understand the terms of the training requirement post adoption and that I am required to complete a training program with an accredited trainer. I understand that not fulfilling my training requirement is violation of my adoption contract. I promise to provide proper identification for this animal including a rabies tag, and county license, (if required by county Animal Control).

If I fight this animal, use this animal as a "bait dog", or abuse this animal in any way, including being kept under poor living conditions, I am relinquishing ownership back to APBF and fully understand that charges may be pressed against me and that I am responsible for legal fees incurred by the foundation. I also understand that it is against APBF policy for any adopted dog or puppy to be left unattended outdoors while the owner is away, or unattended outdoors off-leash. This agreement is full acceptance of my compliance to these terms and if I am non-compliant, by signing this agreement I understand that I am relinquishing ownership of my pet back to APBF.

I will return for a thirty day checkup which will be scheduled in advance with the Rescue Coordinator. I will also provide APBF with this animals vaccination records through the first thirteen months of him/her being under my care. I fully understand that if I am non-compliant to the above terms that I am forfeiting ownership and the animal will be returned to APBF. If I run into any

issues that interfere with my compliance to the above listed, I will contact the Rescue Coordinator for assistance in the matter.

Signature of this contract is also permission granted for APBF to continue to pull my medical records for my family pets from my regular veterinarian and/or an emergency veterinarian.

I understand that adopting means acquiring a pet for the remainder of its life. Should my family situation change, I intend to include my pet in those changes. If extreme circumstances apply and I cannot keep my adopted pet, I understand that I am not authorized to euthanize for convenience and am committed to not surrendering to a "kill shelter".

Amber Mclean
(Please print name)

APM 5/27/15
(Please sign & date)

(Rescue Coordinator-Print)

(Rescue Coordinator-sign & date)

Adopter's home address: <u>466 Blairmore</u> <u>Dr Charlotte, NC 28211</u>
Email address: <u>amber.mclean@hajoca.com</u>
Cell Phone: <u>704-249-4623</u>

30 day check back date
