**ADOPTION AGREEMENT /CONTRACT FOR OWNERSHIP**



**FORTUNATE POOCHES AND LAB RESCUE, INC.**

**PO BOX 1296**

**PALATINE, IL 60078**

**773.318.2239**

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **COLOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age: \_\_\_\_\_\_\_\_ Sex**: \_\_\_\_\_\_\_\_\_ **BREED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FPALR #** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Adoption Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Adoption**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chip Number:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contract is for the purpose of transferring Ownership of the dog listed above **WITH THE FOLLOWING RESTRICTIONS AND / OR EXCEPTIONS:**

1. I (referring to the New Owner) agree to return this dog to Fortunate Pooches and Lab Rescue, Inc. (FPALR), if for any reason I cannot or do not want to keep the dog, at any time during the dog’s life. I understand that there will be no refund of any type should I return the dog to FPALR. However if there is a circumstantial incidence, you do have 6 months to adopt another dog, as credit.

2. I will place the dog on an inoculation program as prescribed by a licensed veterinarian in order to maintain the excellent health of the dog. The dog will receive a rabies vaccination and be licensed in accordance with state and local ordinances. I agree to take my dog to the veterinarian on a regular basis for routine care. The above program will be maintained on a yearly basisThe dog will be micro chipped, with a secondary registration to FPALR. The new owner is responsible to register the dog as primary owner. We perform a HW test as part of our procedure if the dog is received by FPALR, 6 months or older: however HW may not come up positive at the point and time of the test. **We have no control over the past history of the dog, as we are a rescue. In the event that your dog is HW+ within 6 months of the adoption date, we will provide treatment at our discretion and only at our Veterinary Clinics.** . If I choose to use my own veterinary clinic for any medical treatment, I understand that FPALR will not reimburse me for those expenses.

3. The dog will be kept in a safe, clean and healthy environment at all times. During the life of the dog, it shall not be allowed to roam free, ride in the back of an open pick-up truck, or be left unattended. It shall be under full supervision at all times. I shall accept full responsibility for providing the dog with a reasonable amount of care, including but not limited to food, water, adequate sanitation, exercise, attention, safety, shelter, and prompt veterinary diagnosis and treatment of medical conditions.

4. I agree to socialize the dog and continue the training by using motivational methods, praise and food. FPALR agrees to be a resource for the new owner and the dog at all times during the dog’s life.

1. FPALR has provided to the new owner, to the fullest extent practicable, information about the health, history, and background of the dog. I understand that FPALR is not a breeder, and as a result, they use their best judgment as to the specific mix of the dog, and whether they are pure bred or not.

6. If for any reason this dog should end up in any kind of shelter or in a rescue program, I agree to reimburse FPALR for expenses incurred on behalf of said dog. If the dog is given away, sold or turned into a shelter by the new owner without the consent of FPALR the new owner agrees to pay a fine of **$2500** to FPALR for breach of contract.

7. I fully understand that any monies given for said dog are not for the actual purchase of the animal but for reimbursement for the veterinary care up to the time of the adoption In the case of puppies (12 months or under) FPALR will cover the standard parvo/distemper , micro chipping, deworming and spay/neuter, If I choose to use my own veterinary clinic, FPALR will give a $50 credit towards spay/neuter. I will provide FPALR proof of spay/neuter within 30 days of the procedure or the refund will become null and void.

1. **Attorney’s Fees and Court Costs:**  I agree to pay FPALR’s attorney’s fees, court costs and any other fees obtained in the event this matter is forwarded to an attorney for enforcement of the contact. The health and well being of this dog is of primary concern.

9. **Reservation of Rights:** FPALR reserves the right to an ongoing review of this adoption and to follow up on any complaints or reports to protect the welfare of this dog. If the terms of this contract are not satisfactorily kept by the new owner, and/or if any misrepresentations have been made to FPALR in order to obtain the dog, FPALR reserves the right to unilaterally void this contract and demand the immediate return of the dog by the new owner.

10. **Disclosure and Release Clause:** I do hereby declare that I am aware a) that animals are different from humans in their responses to human actions; b) that the actions of animals are often unpredictable; c) that animals should be closely supervised when they are with children; d) that animal’s behavior may change after it leaves the foster owners care and accustoms it’s self to a home and or different environments; and e) FPALR makes no claims or representations as to the health or mental disposition of any animal put up for adoption. I hereby accept possession of, title to and responsibility for the animal identified above and hereby release and discharge FPALR, or any of its officers and volunteers forever from liability of any injury or damages to any person or property caused in the future by said animal, and from any causes of action, claims, suits or demands whatsoever that may arise as a result of such injury or damages.

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**PLEASE READ THE FOLLOWING:**

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**I HAVE READ THE ABOVE STATEMENTS AND I UNDERSTAND THE CONTRACT AND THE IMPORTANCE OF ABIDING BY THE TERMS OF THIS CONTRACT AND I AM WILLING TO ACCEPT AND ABIDE BY THESE TERMS AND CONDITIONS.**

**Signature of New Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of FPALR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We FPALR, Inc. disclose all and any information we know of in regards to this dog. Please understand that

we are not a breeder, we work full time, we do this on a volunteer basis, and have no information on the previous owner or HW preventative treatment. Our veterinary clinics will perform a HW test while in our care, however the dog should have another test in 6 months while in your care! HW tests are not always accurate, when the history of the HW preventative is unknown!