

## **DunRoamin' Stray and Rescue**

P.O. Box 574
Florenceville-Bristol, NB
E7L 1Y8
Phone (5036)328-3380
www.dunroaminstrayandrescue.com

## **Adoption Contract**

First Name		Last Name	Last Name	
Ado	dress	<u>.</u>	Postal Code	
Но	me Phone	Work/Cell Phone		
Em	ail Address			
I/We	e are adopting:			
Nai	me	Age	Species/Breed	
Des	scription			
knov the a	ADOPTION CONTRACT is entered into this date to wn and "DR" and the applicant(s) identified in the adoption of the above-identified pet.	-	·	
	MS AND CONDITIONS		I	
(Plea	ase initial at the end of each line to indicate your	comprehension and	agreement)	
1.	The adopter agrees to pay DR an adoption fee o	of \$ which is n	on-refundable	
2.	The adopter agrees to provide the pet with a go ride loose in the back of a pick-up truck and is not he/she will be provided protection from the element animal, as such will spend the majority of their t	ot to be chained out ments. This animal is	side unattended. When the pet is outdoors, being adopted as a house pet, a companion	
3.	Cats or dogs adopted from DR will not be allowed			
٠.	Cats are adopted to be "house cats" only	ed to runnee or act	iange and mast be supervised when outdoors.	
4.	The adopter agrees that this pet will be examine	ed by a licensed vete	rinarian at least once a year and will receive	
	adequate vaccinations to ensure good health			
5.	The animal has been spayed/neutered, OR will be medical situation to allow the procedure. If ado	be spayed/neutered		
6.	In the event that DR discovers the inhumane tre	-		
	has the right to immediately re-take possession	of the pet. It is unde	erstood that home visits may be made to check	
	up on the welfare of this animal			
7.	DR makes not statements or warrantees regarding the pet's future health, medical status, or temperament.			
	Information will be provided by DR as to the known	own health history o	f this animal but as the animals have been	
	rescued, their past is usually unknown			
8.	DR recommends that, prior to adopting animals	of unknown health	history, adopters ensure that their current pets	
	are well vaccinated			
9.	It is further agreed that environmental changes		•	
	has no liability or responsibility of any nature re	garding later defects	s with the pet or injuries or damage to any	
	person or property cause by the pet			
10.	In the event that is is determined by DR or the A			
	agreed that the pet shall be returned to DR by the	•	•	
	without the express written consent of DR. DR is			
	pertaining to the health, training, compatibility,	etc. of the adopted	pet. THE ADOPTER UNDERSTANDS THAT DR	

HAS INVESTED A GREAT DEAL OF FINANCIAL AND PERSONAL RESOURCES INTO THE CARE, RECOVERY, TREATMENT
AND PLACEMENT OF THIS PET, AND EXPECTS THAT THE ADOPTER, ALONG WITH DR, MAKES A COMMITMENT TO
THE PET <u>FOR LIFE</u>

I agree that all statements I have made on this form are true. If it is found that any statements I have made on this form are not true, the adopted animal may be confiscated by DR.

Adopter's Signature	Date
Dun Roamin' Representative	Date