



## Golden Retriever Rescue Club of Charlotte, Inc.

### Adoption Contract

The **Golden Retriever Rescue Club of Charlotte, Inc.** (GRRCC), hereinafter referred to as the **Club**, and

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Hereinafter referred to as the **Owner**, agrees as follows:

In consideration of the **Club** releasing Golden Retriever, \_\_\_\_\_, to the **Owner**, said **Owner** agrees:

1. To abide by the rules of adoption as set forth by Animal Control and the **Club** insofar as the **Owner** shall have the dog spayed or neutered, if not already performed, within 30 days after adoption unless a veterinarian recommends otherwise due to a medical condition, and proof of spay/neuter must be forwarded to the Adoption Chairperson. NO EXCEPTIONS.
2. To establish regular contact with a veterinarian in order to maintain the well-being of the dog through regular health check-ups and to inoculate said dog against rabies, and to furnish proof of said inoculation to the **Club** if requested. In addition, **Owner** agrees to inoculate against distemper, hepatitis, leptospirosis, parainfluenza, parvovirus, and bordetella or to have titer testing performed annually by a qualified Veterinarian. **Owner** further agrees to administer daily or monthly heartworm preventative.
3. The **Owner** will provide said dog with a current license according to state and local laws. The **Owner** agrees to license said dog within thirty (30) days of the effective date of this agreement.
4. To provide proper care for this dog, including, but not limited to, shelter, shade, proper diet, fresh water, protection from abuse and loss due to theft, illness or escape.
5. The dog must be allowed inside and become a member of the family. The dog will not be left outside at night, in bad weather, or when **Owner** or designated caretaker is not at home.
6. To provide and maintain a suitable fenced yard from which the dog cannot escape. Invisible fencing is acceptable, but the dog must NEVER be left outside when no one is home in ANY fenced yard or facility. When outside and not in the fenced yard, the dog will be on a leash. The dog will NOT be tied or chained.
7. Riding in the back of open vehicles in any manner is strictly forbidden.
8. To notify the **Club** if, at any time, the **Owner** no longer wishes, or is unable, to own the dog for any reason, including, but not limited to, financial inability to provide veterinary care. In such case, the **Club** retains the right of further placement of the dog. The **Owner** does NOT have the option of placing the dog.
9. In the event the dog needs to be returned to the **Club**, the **Club** will consider a refund of the adoption fee if the return is within fourteen (14) days from the date of this agreement.
10. It is understood that the **Club** may examine and make inquiry about said dog at any time and, if not satisfied with its condition or the condition in which it is being kept, may reclaim said dog immediately. The **Club** is to be notified within 30 days of a change of address of **Owner**.

**GOLDEN RETRIEVER RESCUE CLUB OF CHARLOTTE, INC. - ADOPTION CONTRACT**

The **Club** makes every effort, in conjunction with our veterinarians, to evaluate the needs of each of our dogs carefully. Health and/or orthopedic issues that are known to us while the dog is in our care are addressed, and every effort is made to fully disclose any known health and/or orthopedic issues to the prospective adopter. The **Club** is not responsible for health and/or orthopedic issues that arise after adoption. The **Owner** has the right/responsibility to return a dog to the **Club** if he or she cannot afford to treat a dog for health or orthopedic issues that might arise after adoption.

Every GRRCC dog is tested for heartworm disease at intake. All GRRCC dogs are put on monthly heartworm preventative thereafter while in foster care. The **Club** highly recommends that **Owner** have their dogs re-tested for heartworm disease six months after their initial test (at the owner's expense), as on rare occasions the initial test will provide "false negative" results. This is particularly important for dogs on which the **Club** has no medical history. If a GRRCC dog tests positive for heartworm disease at the six month mark, the **Club** will pay to have the dog treated for heartworm disease by our veterinarian, while in the care of the **Owner**. Proof of purchase of heartworm preventative will be required. If the **Owner** chooses not to re-test their dog at the six month mark, the **Club** will assume no financial responsibility for the treatment of heartworm disease thereafter.

New Owner's Initials: \_\_\_\_\_

The **Club** reserves the right to phone and visit the **Owner** in order to assure the dog is being well cared for and is adjusting to its new home, and to reclaim the dog anytime, if in the opinion of the **Club**, the provisions of this contract are not being fulfilled. Furthermore, should the dog be picked up at any time, for any reason, by Animal Control, ownership of the dog shall automatically revert back to the **Club** at the Board's discretion.

I have read the available history of the above named dog and understand that it is sold as a family pet companion. I agree to indemnify and hold harmless the **Club**, its officers, directors, employees (if any), agents and representatives, for all manner of actions and causes of actions, suit, debts, dues, accounts, books, covenants, agreements, judgments, claims, and demands whatsoever arising out of my possession and placement of this dog. I also understand the **Club** will not be responsible for any medical care (or cost thereof) required after the placement of the dog. In addition, the **Club** cannot be held responsible for the conduct, behavior, or disposition of this dog after its placement.

Signed, this date \_\_\_\_\_

Owner \_\_\_\_\_

GRRCC Club Member \_\_\_\_\_

\*\*\*\*\*

**MICROCHIP REGISTRATION INFORMATION:**

New Owner's Email Address: \_\_\_\_\_

Name of Veterinarian/Veterinarian Practice \_\_\_\_\_

Address of Veterinarian/Veterinarian Practice \_\_\_\_\_

Phone Number of Veterinarian/Veterinarian Practice \_\_\_\_\_

Emergency contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

\*\*\*\*\*