



SAN FRANCISCO SAMOYED RESCUE, INC.

P.O. Box 4215, San Rafael, California 94903

www.sfsr.org rescue@sfsr.org

Voicemail only: 888-677-SAMS (7263)

“Bridging the Gap Between Homelessness and a Loving Family”

San Francisco Samoyed Rescue, Inc. Adoption Agreement

Adopted Dog's Name _____ Gender: M / F SFSR Tag/Chip # _____

DOB _____ Age _____ Spayed/Neutered _____ Date of Surgery _____

Whereas it is the intent of San Francisco Samoyed Rescue, Inc., herein known as SFSR, to insure and protect the welfare of any and all animals adopted and placed into my/our custody through the terms of this agreement, I/We (adopters' names) _____ hereby acknowledge that I/we have received the above described animal from SFSR and agree to perform the following:

1. To assure this animal a loving home: to provide food, fresh water, adequate exercise and human affection, a secure confinement area when the animal must be unattended, and adequate shelter from the weather at all times.
2. To provide veterinary treatment when needed, including all vaccinations and medical tests required to maintain good health.
3. To make sure that this animal wears the SFSR tag or microchip and an identification tag at all times. To notify SFSR immediately if this dog should become lost, and to notify SFSR of my new address and phone numbers if they should ever change.
4. To comply with all state and local laws and ordinances which pertain to the keeping of this dog, including obtaining a dog license where required.
5. To allow this dog in the house whenever you are home, including sleeping in the house, unless provisions are made with SFSR at time of adoption.
6. To protect this animal from potential injury and death by never allowing it to ride in the open bed of a pick up truck.
7. To never give, sell or cause this animal to be given or sold to any agency, Humane Society, animal shelter, pound, animal control facility or another private party or agency without first notifying SFSR and allowing SFSR no less than 2 weeks to arrange alternative shelter for the dog.
8. To never allow this dog to be used for animal experimentation, vivisections, animal fighting, guard duty or any other commercial activity.
9. To notify SFSR if I/We are unable to keep this animal and to relinquish this animal only to an authorized member of SFSR or to a party that has received approval from SFSR to assume responsibility for the animal.
10. To release the dog to SFSR if I/We cannot/will not provide medical care needed to maintain the health, comfort, or life of the dog.
11. To Spay/Neuter this animal no later than _____ Spay/Neuter Deposit collected \$ _____ **

** I/We understand that deposit fees unclaimed after 30 days after the Spay/Neuter date indicated in Item # of this agreement will be considered a donation to SFSR and will not be refunded, and that such failure to reclaim Spay/Neuter deposit fees will in no way negate the requirements of item #10 of this agreement _____ (Adoptor's initials).

I/We further agree that SFSR shall retain the right to rescind this adoption and remove this dog from my/our possession should this dog be found not to have received proper care at any time, or should any of the terms of this agreement between me/us and SFSR be violated at any time, and that I/we will admit authorized representatives of SFSR onto the premises where the dog is sheltered and that such entry will not be constructed as trespassing.

I/We further agree that to hold SFSR and all representatives and volunteers for SFSR harmless for any and all damages resulting from my/our adoption of this dog, effective upon the date of adoption.

This animal is presumed by SFSR to be in healthy condition . I/We agree that SFSR will not be held responsible for any conditions for which clinical symptoms are not in evidence at the time of adoption.

Signed and agree this _____ day of _____, 20_____ Adopter(s) Drivers License # _____

Residing at _____

DOB _____ Home Phone (_____) _____ Work (_____) _____

Adopters' Signatures _____

Witnessed and signed (SFSR representative) _____

Medical care recommended by SFSR for your pet (circle those that apply):

Vaccines: Rabies DHPP Bordetella (if boarding) Other: _____

Medications/Supplements: Heartworm Gluco/Chondr Anti-inflammatories

Other _____

Special Diet:

Other Medical:

Donation \$

Deposit \$

Total \$

Check #

Make check or money order payable to: SFSR