



## Earth Angels Canine Rescue

843 Forest Ave, Bronx, NY 10456, 917-648-7070  
[earthangelsnyc@gmail.com](mailto:earthangelsnyc@gmail.com) / [www.earthangelsnyc.org](http://www.earthangelsnyc.org)

### DOG ADOPTION CONTRACT

Dog's name: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_ Spayed/Neutered: Y or N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Rabies date: \_\_\_\_\_ Microchip #: \_\_\_\_\_

I understand that by adopting the above mentioned dog from Earth Angels Canine Rescue (**EACR**), I must comply with all the conditions stated herein. Failure to do so may result in the dog being repossessed by **EACR**.

1. I understand that the dog has been examined, spayed/neutered and vaccinated by a licensed veterinarian and that the dog's health is accurately represented to the best knowledge of **EACR**.
2. **EACR** may cover all or part of the veterinary expenses incurred for the dog up to 14 days after the date on the contract provided that the veterinary care is pre-approved by the **EACR** Director and performed by an **EACR** authorized veterinarian. **EACR** will not reimburse for any medical care for the dog unless it is pre-approved by the **EACR** Director and performed by an **EACR** authorized veterinarian.
3. It is my responsibility to keep the dog current on vaccinations and provide medical care as needed.
4. I am adopting the dog as a household companion, not as an outside pet, and will provide the dog with a safe environment, humane treatment, and give proper food, fresh water, shelter and exercise, and I will allow a reasonable amount of time for the dog to adjust to new surroundings.
5. I will not sell, trade, give away, adopt to another party, loan the dog, or permit the dog to be used for experimental purposes.
6. I will call **EACR** to arrange for the return of the dog if, at any time, I can no longer care for the dog. I understand that no refunds will be issued.
7. I will contact **EACR**, Home Again (1-888-466-3242), Pet Line (800-564-5704), and all local animal shelters immediately if the dog gets lost or stolen. I will make every effort to recover the dog.
8. I will notify **EACR** when or if I move to a new location.
9. I will not have any cosmetic surgery, such as ear cropping or tail docking, performed on the dog.
10. I will allow an **EACR** representative to make periodic home visits during the first 90 days following the signing of this agreement and will allow additional visits if **EACR** deems it necessary.
11. I agree that **EACR** may take the possession of the dog at any time, if in **EACR** opinion, the dog is not properly cared for, if I have misrepresented myself during the adoption process, or if I violate any part of the contract. In the event that I fail or refuse to return this adopted dog on demand, I will pay reasonable attorney fees in the event an attorney is retained by **EACR** for the return of the dog.
12. I understand that no representations are made by **EACR** as to the temperamental or mental disposition of the dog. I hereby adopt the dog at my own risk, and indemnify and release **EACR**, its Officers, Directors, and volunteers of any and all liability arising from damages to persons or property caused by the dog.

#### Adopter's Information:

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below, I acknowledge that I've read and understood the aforementioned terms and conditions for the adoption of the dog, and accept the dog as a household pet for as long the dog shall live.

\_\_\_\_\_  
Adopter(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Earth Angel Representative

\_\_\_\_\_  
Date