



## ADOPTION CONTRACT

RESCUE UR FOREVER FRIEND

P.O. Box 463, Garner, NC 27529

919-424-6391 [www.ncruff.org](http://www.ncruff.org)

I agree to adopt \_\_\_\_\_ Date of birth (approx.) \_\_\_\_\_

Description \_\_\_\_\_ Male or Female

Next vet visit due \_\_\_\_\_ for \_\_\_\_\_

Food and/or special instructions \_\_\_\_\_

- RESCUE UR FOREVER FRIEND (hereinafter "RUFF") has discussed with me the pet's behaviors and habits. RUFF makes no representations or warranties whatsoever regarding this pet's condition or behavior. I hereby release RUFF from any and all loss, damage, expense, claim, or cause of action in any way arising out of or relating to this pet or to any of RUFF's efforts to facilitate the rescue and adoption of this pet.
- RUFF has given me a record of the pet's medical history as known. I understand that this pet has received veterinary care through the RUFF adoption program but undiagnosed conditions sometimes exist. I understand if this pet is diagnosed within the first thirty days with a previously undiagnosed condition that existed at the time of adoption, I may return the pet to RUFF for a full refund of the adoption fee or keep the pet and assume full responsibility for treatment.
- I agree to provide the care and attention necessary to ensure this pet's health and well-being including:
  - ✓ Adequate, quality food and water
  - ✓ Indoor shelter for cats – **RUFF requires that cats be kept inside.**
  - ✓ **Monthly heartworm preventative for dogs starting** \_\_\_\_\_
  - ✓ Fenced yard or leashed walks for dogs – dogs may not be kept on tie-outs or zip lines
  - ✓ All routine and emergency veterinarian care
- I represent that I am adopting this animal as a companion and personal pet. I will maintain this pet at my primary residence at the address listed below. I will inform RUFF if I move from the address below and can no longer keep the pet. I agree to pay an adoption fee as required by RUFF in good and sufficient funds.
- If unaltered, this pet must be sterilized by \_\_\_\_\_ (before six months of age). A spay/neuter fee is required to ensure the pet will be sterilized. Please refer to the RUFF Spay/Neuter Policy for details.
- I agree to obey any applicable vaccination laws and obtain and maintain any licenses or permits relating to this pet as required by law.
- I agree to allow a representative of RUFF to visit my residence at a reasonable time to ensure the terms of this contract are being followed.
- **If I find that I cannot keep this pet, I will return the pet to RUFF along with its complete medical record.** \_\_\_\_\_ If returned within ten days, the adoption fee will be refunded. If the pet is returned for any reason other than an undiagnosed medical condition (as described above), the adoption fee will not be refunded. Under no circumstances should this pet be abandoned, sold, or given to a shelter or to any other person.
- I understand that noncompliance to any provision of this contract, including the requirement that unaltered pets shall be altered by the age of six months, will constitute a breach of contract and RUFF shall have the right to demand the immediate return of the pet, and/or to pursue against me any other right or remedy that RUFF may have at law or in equity.
- I understand this is an adoption contract and not a contract for the sale of this pet. The contract and the application I submitted to RUFF constitute the entire contract for the adoption of this pet, and any and all prior representations or agreements between RUFF and me are void, and of no further force and effect unless incorporated herein.
- I represent that I am at least 18 years of age and I have read this entire contract and understand all of the representations and conditions incorporated herein, and shall comply with the provisions hereof.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Other \_\_\_\_\_ DL State/No. \_\_\_\_\_

Payment Method: Adoption Fee \$ \_\_\_\_\_  Cash  NC Check No. \_\_\_\_\_ Spay/Neuter Deposit \$ \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

Foster Parent \_\_\_\_\_ Phone Number \_\_\_\_\_