

# TERMS OF ADOPTION



*SCLRR as an organization and its volunteers as individuals freely invest considerable time, money, and physical and emotional energy in each of our dogs. We do this out of our deep concern for their welfare. That's why we list the conditions we believe are necessary to provide them with safe, permanent, happy homes and ask that you agree to them. We want your dog to have the best possible chance at life and for you and your family to have a long and rewarding relationship with this new member of the household.*

I, the undersigned adopter, do hereby release and covenant to hold harmless Southern California Labrador Retriever Rescue, Inc. (SCLRR) and its volunteers from any claims, damages, costs or actions incurred as a result of this adoption or caused by the actions of the dog transferred herein. Moreover, I understand that every effort has been made to evaluate the dogs we place for good health and non aggressive dispositions but that SCLRR, Inc. does not have the manpower to assess each dog in all situations. Therefore, I understand that SCLRR cannot guarantee the temperament or the physical soundness of the dogs placed through the rescue. Most Labradors have been examined by a veterinarian and most have been evaluated in home-like settings. All should be handled carefully until their dispositions are better known to their new owners, and until their reactions to stressful situations (such as thunderstorms, holiday fireworks, off-leash exercises) have been observed. In any case, **no dog should ever be left alone with a child.**

I agree to abide by the terms of adoption, listed below:

1. I am adopting the dog known as \_\_\_\_\_ from the Southern California Labrador Retriever Rescue organization. This dog is male/female, \_\_\_\_\_ months/years/weeks old, who currently weighs \_\_\_\_\_ pounds and is black/yellow/chocolate, with a date of birth of: \_\_\_\_\_.  
The dog is spayed/neutered/intact (see provisions for spay/neuter, if applicable, below).
2. I will keep this dog in my personal possession, provide proper and sufficient food, water, shelter, grooming and humane treatment at all times.
3. I will not allow this dog to breed or be bred under any circumstances.
4. I will obtain veterinary care at once if he or she becomes sick or injured and will keep current all vaccinations as recommended by the veterinarian.
5. I will provide him or her with an ID tag secured to a collar which will be worn at all times.
6. I will follow any and all animal control regulations governing the area in which I live, and to license this dog according to local regulations.
7. I will assume full responsibility for this dog's actions, and for any damage done by this dog from the time of adoption.
8. I am aware of the additional details listed on the back of this document and initialed by myself, of the facts that SCLRR has on this dog.
9. I will keep this dog as my household pet and companion. I will insure that when outside and unattended, the dog is in a secure fenced yard or kennel run with adequate shelter from the elements. I will exercise it on leash and will never allow it to run loose without adequate adult supervision. I will never chain or tie this dog without being in attendance. I will not make this dog an outside only dog.
10. I will not relinquish ownership, abandon, or dispose of this dog in any way. If I cannot keep it, I will contact the SCLRR to return the dog. I do not expect reimbursement if this happens.
11. I will keep the SCLRR apprised of my current address while I have this dog.
12. I will allow an SCLRR representative to examine the dog and its living conditions and to surrender it to said representative for return to the organization if the conditions are found unsatisfactory. This representative will perform the check within a year of the date on this document.
13. I am aware that it is SCLRR's policy to disclose any and all known health problems for every fostered dog placed. Even so, I realize that such problems can come to light after adoption. If this proves to be the case, I hereby release SCLRR from any financial or other responsibility for providing veterinary or other medical care, unless a specific exception has been noted in this document. If an exception is made, I will withhold treatment until SCLRR approves the costs as disclosed in a written estimate from my veterinarian.

## RECEIPT

The adopter has paid \$ \_\_\_\_\_ (check# \_\_\_\_\_ or cash) for the dog described in this document. Payment must be made in full at the time of adoption. Volunteers may not authorize partial payments, deferral of payment, or non-standard reductions without prior approval of the Board of Directors. Reductions may be made for dogs over 7 years, or in need of medical attention (not including spaying/neutering in the case of an intact dog).

OVER

**DISCLOSURE STATEMENT OF DEDUCTIBLE PERMITTED**

Southern California Labrador Retriever Rescue, Inc, is an organization that is recognized by the Federal Government as exempt from taxes under the 501(c)(3) section of the Internal Revenue Code and to which tax deductible contributions may be made. However, quid pro quo transactions (transactions in which goods are received in exchange for money) with nonprofit organizations may not be fully tax deductible. The fair market value of the "item received in trade" must be subtracted from the full amount to arrive at the deductible amount. In surveying shelters located throughout Southern California, the amount typically paid for a dog varies from \$30 to \$70. Thus a reasonable market value for the dog is estimated to be \$50. Subtract \$50 from the \$ \_\_\_\_\_ paid to obtain \$ \_\_\_\_\_, which is the amount that may be considered a tax deductible donation.

Extra Conditions per Item 8 above, if applicable (Mark N/A otherwise):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPAY NEUTER DEPOSIT: The Labrador Retriever being adopted IS / IS NOT (circle) spayed or neutered.**

If the dog is intact, the adopter agrees to file a \$75 deposit with SCLRR (check# \_\_\_\_\_ or cash) and to spay or neuter the adopted dog (check one)

- \_\_\_\_ Within 14 days of veterinary certification that the dog is healthy enough for the surgery. The dog will be examined by the adopter's Veterinarian for this purpose no less than every 14 days until the certification is obtained (current statement by a Veterinarian as to the health of the dog is attached)
- \_\_\_\_ Within 30 business days from the adoption date on this document
- \_\_\_\_ When the dog is considered old enough to be spayed or neutered by the adopter's Veterinarian (the suitable age shall be no older than 6 months).

Proof that the dog has been neutered must be sent to SCLRR within 30 business days after the date of spaying or neutering for refund of the deposit. If proof is not provided within this time, the deposit is forfeited to SCLRR and the adopter may be liable for fines under Section 30523 of the California Penal Code. Upon timely request, SCLRR will return the full amount of the deposit within 30 business days. The provisions for the spay/neuter deposit are in full compliance with California's Assembly Bill 1856, chaptered 9/23/98 and effective 1/1/00.

**MICROCHIP FEE OR DEPOSIT:**

The dog has the following MICROCHIP NUMBER: \_\_\_\_\_. If the dog does NOT have a microchip at the time of adoption, then the following applies: The adopting family may bring the dog back to one of our events offering microchips at a later date for free microchipping. Alternatively, the adopting family may have a microchip done by their vet and apply to SCLRR for a \$25 refund. In the latter case, a copy of the microchip number & certificate must be mailed to the PO Box below for the refund.

**I have read and agree to all of the above:**

Signature: \_\_\_\_\_ Vet Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Vet Address: \_\_\_\_\_  
Date: \_\_\_\_\_ Vet City, Zipcode: \_\_\_\_\_  
Address: \_\_\_\_\_ Vet Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
City, Zipcode: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

SCLRR Volunteer:  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_