

Adopt A Boxer Rescue

www.AdoptABoxerRescue.com

PO Box 154 Olyphant PA 18447

AABR ADOPTION [] / FOSTER [] CONTRACT (CHECK ONE)

NAME (S) _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

PHONE: HOME _____ WORK _____ CELL _____

E-MAIL#1 _____ E-MAIL#2 _____

SPOUSE/PARTNER WORK PHONE _____ CELL PHONE _____

NAME OF DOG _____ M ___ F ___ NEUTERED ___ APPROX. AGE _____ WEIGHT _____

COLOR _____ BREED _____ OUTSTANDING FEATURES _____

HEALTH RECORD

HEARTWORM BLOOD TEST _____ HEARTWORM PREVENTATIVE MEDICINE _____

INOCULATIONS _____

FECAL EXAM _____ DEWORMING MEDICATION _____

RABIES _____ TAG# _____ AABR TAG # _____

SPECIAL NOTATIONS _____

ADOPT A BOXER RESCUE, HEREAFTER REFERRED TO AS AABR, RETAINS RIGHTS TO SAID DOG, AND MAY EXERCISE ITS RIGHT TO RE-CLAIM IT IF AT ANY TIME THE CONDITIONS OF THIS AGREEMENT ARE NOT BEING MET.

AABR RELEASES THIS ANIMAL FOR ADOPTIVE PURPOSES WITH THE FOLLOWING STIPULATIONS: [*N/A FOR FOSTERING]

1. MUST BE 21 YEARS OF AGE OR OLDER AND LIVE IN AN AREA WHERE PETS ARE PERMITTED.
2. *AGREE TO OBTAIN FOR THE ANIMAL A THOROUGH VETERINARY EXAM TO INCLUDE: INOCULATIONS, HEARTWORM AND FECAL EXAMS WITHIN TEN DAYS OF ADOPTION, IF NOT ALREADY DONE, AND YEARLY EXAMS THEREAFTER.
3. PROVIDE FOOD, WATER, SHELTER, EXERCISE, MEDICAL CARE, AND GENERALLY CARE FOR THE ANIMAL IN A DEVOTED AND HUMANE MANNER.

4. AGREE THAT DOG WILL NOT BE LEFT WITH CHILDREN UNSUPERVISED.
5. AGREE TO LEASH AND LICENSE LAWS OF THE TOWN IN WHICH YOU RESIDE AND AGREE THAT DOG WILL NOT BE CHAINED
OUTSIDE, OR BE LEFT OUTSIDE UNSUPERVISED, OR OFF LEASH IN AN UN-FENCED IN AREA.
6. *AGREE TO NEUTER THIS ANIMAL, IF NOT ALREADY DONE, BY (DATE) _____
WRITTEN PROOF OF NEUTERING MUST BE SENT TO US WITHIN 14 DAYS OF SURGERY.
7. AGREE TO ALLOW A REPRESENTATIVE OF AABR TO EXAMINE THE ANIMALS LIVING CONDITIONS AT A REASONABLE TIME. IF UNSATISFACTORY CONDITIONS ARE FOUND TO EXIST, AABR RETAINS THE RIGHT TO RECLAIM THE ANIMAL.
8. ANY CHANGE OF ADDRESS MUST BE REPORTED PROMPTLY TO AABR.
9. ADOPTER / FOSTER AGREES TO NOTIFY AABR IMMEDIATELY BY PHONE IN THE EVENT THIS DOG IS LOST OR STOLEN AND
AT THE TIME OF THE DOG'S DEATH. AABR RESERVES THE RIGHT TO REQUEST AND RECEIVE VETERINARIAN'S "CAUSE OF DEATH" STATEMENT.

AABR ADOPTION [] / FOSTER [] CONTRACT (CHECK ONE)

10. *RETURN POLICY-IF FOR ANY REASON YOU MUST GIVE UP THIS DOG, YOU AGREE NOT TO SELL, TRADE, GIVE AWAY,
OR DISPOSE OF ANIMAL, BUT TO RETAIN CUSTODY AND CONTACT AABR FOR ASSISTANCE. YOU WILL BE RESPONSIBLE FOR RETURNING THE DOG TO THE PLACE OF ORIGIN, AND MAY BE RESPONSIBLE FOR KEEPING POSSESSION OF DOG FOR
A MAXIMUM OF FOUR WEEKS AT YOUR EXPENSE AFTER AABR RESPONDS TO YOUR RETURN REQUEST. GIVEN THE DIFFICULTY IN ASCERTAINING THE AMOUNT OF ACTUAL DAMAGES CAUSED BY A BREACH OF THE RETURN POLICY SET FORTH IN THIS PARAGRAPH, IF IT IS ESTABLISHED THAT YOU VIOLATED SAID POLICY, YOU SHALL PAY TO AABR AS LIQUIDATED DAMAGES, AND NOT AS A PENALTY, \$2,500.00. YOU AND AABR FURTHER AGREE THAT THIS LIQUIDATED DAMAGES PROVISION REPRESENTS REASONABLE COMPENSATION FOR THE LOSS WHICH WOULD BE INCURRED BY AABR, WHO RETAINS RIGHTS TO SAID DOG, FOR VIOLATION OF THE RETURN POLICY.

11. *ADOPTER AGREES TO KEEP AABR INFORMED OF DOG'S PROGRESS, AND WILL SUBMIT UPDATES AS FOLLOWS:

AABR CONTACT'S EMAIL: _____ PHONE # _____

<input type="checkbox"/> Week One..... Date.....	<input type="checkbox"/> Week Two..... Date.....
<input type="checkbox"/> Week Three..... Date.....	<input type="checkbox"/> Week Four.....Date.....
<input type="checkbox"/> Month Two Date.....	<input type="checkbox"/> ... Month Six..... Date.....
<input type="checkbox"/> Month Twelve ... Date.....	<input type="checkbox"/> ... Adoption Anniversary Annually thereafter.

CHILDREN DISCLAIMER AGREEMENT

ABOUT BOXERS AND CHILDREN: CHILDREN AND DOGS CAN BE WONDERFUL COMPANIONS WITH PROPER SUPERVISION AND TRAINING. BECAUSE OF OUR EMPHASIS ON SAFETY, IT IS OUR POLICY NOT TO PLACE INTO FAMILIES WITH CHILDREN UNDER THE AGE OF 12:

- ◆ BOXERS WHO HAVE HAD NO EXPOSURE TO CHILDREN
- ◆ BOXERS WHO WERE GIVEN UP BECAUSE OF CHARACTERISTICS THAT ARE INCOMPATIBLE WITH CHILDREN
- ◆ BOXERS WHO HAVE NO DOCUMENTED HISTORY (STRAY BOXERS)

I HAVE READ THE ABOVE STATED POLICY AND UNDERSTAND THAT AABR HAS LITTLE OR NO DOCUMENTED HISTORY ON THE ABOVE-NAMED DOG. I/WE AGREE TO ACCEPT THE RISK AND HOLD AABR AND ITS REPRESENTATIVES HARMLESS FROM ANY AND ALL LIABILITY, DAMAGE OR INJURY CAUSED HEREAFTER BY SAID DOG. _____DATE_____

I HEREBY AGREE THAT ANY DEFAULT OF THESE CONDITIONS WILL IMMEDIATELY VOID ALL RIGHTS AND INTERESTS I HAVE GAINED IN THE ANIMAL, AND I WILL VOLUNTARILY SURRENDER IT TO AABR. *ADOPTER ASSUMES ALL RESPONSIBILITY FOR THE DOG'S ACTIONS AFTER THE EFFECTIVE DATE OF THIS CONTRACT AS FIRST SET FORTH ON THIS PAGE. *ADOPTER AGREES TO HOLD AABR AND ITS REPRESENTATIVES HARMLESS FROM ANY AND ALL LIABILITY ASSOCIATED WITH ANY ILLNESS OF THE DOG, OR DAMAGE OR INJURY CAUSED HEREAFTER BY SAID DOG. I AGREE THAT COSTS OF ALL LEGAL FEES INCURRED BY AABR IN ENFORCEING THIS CONTRACT WILL BE PAID BY ME.

THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA SHALL GOVERN THIS AGREEMENT.

I HAVE READ THIS ADOPTION/FOSTER AGREEMENT, FULLY UNDERSTAND, AND AGREE TO THESE TERMS AND CONDITIONS

DATE _____
(SIGNATURE OF ADOPTER / FOSTER)

DATE _____
(SIGNATURE OF ADOPTER/ FOSTER)

DATE _____
(SIGNATURE OF AABR REPRESENTATIVE)

AABR CONTACT: _____

*ADOPTION DONATION:

* N/A FOR

FOSTER

- The adoption fee is currently \$500 for dogs under 3 years of age.
- The adoption fee for all other dogs (except for seniors) is currently \$400.
- Seniors 9 and older are \$100.

ADOPTION FEE PAID \$ _____