



Dog Adoption Contract

LuvnPupz
Grand Rapids, MI 49548
616-293-4528

Adopter's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Current Vet: _____

Driver's License #: _____

Email Address: _____

Dog pre-adoption application completed and approved: yes no

References checked: yes no

Home visit completed: yes no

Adopted Animal's Information

Name of Animal: _____

Approx Age and Description of Animal: _____

Adoption Fee: _____

Adopter's Agreement

Please initial to indicate that you have read and agreed to each statement. This is a legally binding contract.

- _____ I understand that the animal being adopted is a 'rescued' animal and that LuvnPupz cannot make any guarantees about the animal's previous care, treatment, or history.
- _____ I understand and agree that while LuvnPupz makes every effort to place only healthy and sound animals, LuvnPupz cannot guarantee the health of any animal. LuvnPupz shall not be held responsible for any medical expense which may be incurred, hereby expressly excluding any implied or express warranties, merchantability, or fitness for any particular purpose, including without limitation and warranties regarding health, temperament or whether the animal is housebroken.
- _____ I agree that this animal is being adopted for myself and will not be sold, adopted, or given to another party.
- _____ I agree that this animal will not be allowed outdoors without proper supervision. When taking my dog outdoors (outside of a fence) they will be securely harnessed and wear proper ID.
- _____ I agree that this dog is to be a companion animal, not a guard dog. The dog will live inside my home, not outdoors.
- _____ I agree to care for this animal in a humane manner and be a responsible animal guardian. This includes supplying adequate food, water, shelter, attention and medical care.
- _____ I agree that if at any point I cannot keep this animal, I will return him/her to LuvnPupz.
- _____ I understand that LuvnPupz makes no guarantees regarding this animal's health and is not responsible for any future medical costs incurred by the animal. This dog is adopted 'as is' and the adopter assumes all responsibility for the treatment of all existing conditions or any other conditions or physical changes that may occur.
- _____ I understand and agree that LuvnPupz makes no guarantees about this animal's temperament and is not responsible for future damages or injuries caused by the animal. The dog is adopted 'as is' and the adopter assumes all responsibility for any existing or future temperament changes that may occur.
- _____ I understand and agree that LuvnPupz makes no guarantee about the animal's breed or breed mix. All information provided by LuvnPupz regarding an animal's breed type is a best guess and has not been confirmed.
- _____ I give LuvnPupz permission to call or visit (with prearrangement) my home at any reasonable time to assure the animal is being cared for and treated properly. To facilitate this, I agree to keep LuvnPupz informed of my current home address and phone number.
- _____ I agree to keep the animal up-to-date on all vaccinations and give the animal monthly heartworm preventative and flea/tick preventative.
- _____ I agree that, if the animal has not already been altered, I will bring said animal to the prearranged appointment on the day of surgery or contact LuvnPupz ahead of time to arrange help with transport.

LuvnPupz does not typically refund adoption fees if the animal is returned.

This is a legally binding contract.

I agree that all statements I have made on this form are true. If it is found that any statements I have made on this form are not true, the adopted animal can be confiscated.

Adopter's name (print): _____

Adopter's signature: _____

Date: _____

LuvnPupz Representative Signature: _____

Date: _____

Intake/Care Information

Intake date: _____

Intake from: _____

Parvo/Distemper Vaccination

Date administered: _____

Pending dates (if applicable): _____

De-Wormer

Date administered: _____

Pending dates (if applicable): _____

Flea Medication

Date administered: _____

Rabies Vaccination

Date or pending date (if under 12 weeks): _____

Spay/Neuter

Date or pending date (if under 12 weeks or 2 lbs) : _____

Microchip Info

Foster initials: _____

****All vaccine labels shall be affixed to back side of this sheet
with administered date and initials.****