[www.sniffingsnouts.com](http://www.sniffingsnouts.com)

**ADOPTION CONTRACT**

contact@sniffingsnouts.com

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will take full responsibility of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. They will be an inside dog at all times and only go outside when supervised by an adult.

They will only be walked by an adult, or a teenager, that is training the dog (while supervised). They will be leashed, or kept in a fenced yard (while supervised), or in a house.

At no time will they be allowed to roam free.

Dogs name/age/sex/breed/color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adopters name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial next to following guidelines:

 I will provide my dog with indoor shelter, water, food, exercise and medical needs,

 on a regular basis.

 I will have ID tags on my dog at all times.

 I will take full responsibility for any financial needs my new dog may incur, regardless of

 cost.

 My dog will receive heart worm prevention monthly (Advantage Multi, Heartguard etc.).

 Next Dosage due on:

 My dog will receive flea and tick prevention monthly (Advantage, Frontline etc).

 Next dosage due on:

 I will register and pay the yearly fee for their microchip with: The American Kennel

Club/Companion Animal Recovery (http://www.akccar.org/).

The chip currently has Orange County Animal Services as the contact, so the dog can be returned directly to us, should they get lost.

 I will provide Sniffing Snouts Pit Bull Rescue with my veterinarians name, address &

 phone number. I have been given the dogs medical records & will give a copy to my vet.

                 Vet:

                  Address and phone #:

 Before returning my dog for any reason, I will take them to training classes or consult a

 dog trainer (we have some we can refer). I will also notify the rescue of any issues.

 My dog will not be left unattended in a car, outside, or in a closed room.

 Should any circumstance or emergency arise that prevents me from keeping

 the dog, or if I do not adhere to this contract, I must return the dog to

 Sniffing Snouts Pit Bull Rescue. This is non-negotiable. Under no

 circumstances is the dog to be brought to an animal shelter, conveyed to

 another animal rescue, or given to someone else without permission from

 Sniffing Snouts Pit Bull Rescue. If an emergency arises, I understand that I

 will not call Animal Services, but rather Sniffing Snouts Pit Bull Rescue, who

 will then place the call to Animal Services, if necessary.

 I will not take My dog to any shelter for disposal or adoption. I will not turn my dog

 loose in the street for any reason whatsoever. Instead, I will contact Sniffing Snouts Pit

 Bull Rescue, so that they may pick up the dog.

 I will not barter, sell, or give my dog to another person. I will not allow my dog to

 be used for fighting, or used in any kind of medical experimentation.

 I will ensure that before moving, my dog is able to reside in the new residence. If

 my dog is unable to reside in the residence, I will seek a different place, where

 they will be allowed. I will not relinquish ownership of my dog due to moving and/or pet

 policies.

Addendums (please initial):

\_\_\_\_ My dog must not be left unattended with young children.

\_\_\_\_\_ My dog will not be left alone for more than six hours for the first two

 weeks in his/her new home.

 Home visits may occur in the next few weeks, if we feel they are needed.

 I have been advised about Sniffing Snouts Pit Bull Rescues concerns

 regarding dog parks and I have been given alternatives for socializing my

 dog.

 I understand that my new dog needs to be exercised on a regular basis

 (walking, running, biking, or daycare) and that a fenced yard is not a form

 of exercise. I am aware that failure to provide consistent and adequate

 exercise may result in temperament changes in my dog.

 I understand that my new dog needs to be regularly socialized with other

 dogs, cats (unless there is known cat aggression), children

 and adults. I am aware that failure to regularly socialize my dog may result in

 temperament changes.

 Please note that when doing introductions, do not allow face to face contact;

 let each dog sniff the rear of the other dog. Normal introductions can resume

 once both dogs are calm and there are no signs of aggression.

 I understand that if I am a cigarette smoker, 2nd hand smoke can cause lung

 cancer and various other tumors in my dog. I will not smoke around my dog.

A one time, non-refundable, adoption fee of $150.00 ($200 for puppies) will be given upon arrival of your new family member. We accept PayPal (contact@sniffingsnouts.com), cash, or checks (made to Sniffing Snouts Pit Bull Rescue).

Sniffing Snouts Pit Bull Rescue takes every precaution to assure the health of their dogs. I understand that no guarantee of any kind is given regarding the health of the pet I am adopting. I understand that after I sign this agreement, any vet bills incurred are solely my responsibility. I understand that I am required to take my new pet for a wellness visit with my vet within a month of adopting.

In the event that any one or more of the provisions contained herein shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provisions of this agreement, but this agreement shall be construed as if such invalid, illegal or unenforceable provisions had never been contained herein, unless the deletion of such provision or provisions would result in such a material change so as to cause completion of the transactions contemplated herein to be unreasonable.

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

Adopting Party signature Date

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

Sniffing Snouts Pit Bull Rescue Volunteer