

# **NorCal Bernese Mountain Dog Rescue**

## **Adoption Agreement**

Name of Dog:

Estimated Age or Date of Birth :

Sex of Dog:

Neutered/Spayed?

Reg# (AKC/Other):

Microchip #:

Known veterinary treatment:

I understand and agree to accept the following conditions and restrictions in order to adopt the dog described above from the NorCal Bernese Mountain Dog Rescue.

These conditions are that I shall:

1. Provide this dog with a loving home and accept this dog as a member of the family; provide proper food, freshwater, adequate exercise and safe shelter at all times;
2. Provide veterinary care, including all vaccinations and medical tests required to maintain good health;
3. Comply with all state and local laws and ordinances relating to the keeping of this dog, including licensing and leash laws;
4. Agree that NorCal Bernese Mountain Dog Rescue has no further responsibilities for this dog, medical or otherwise notify NorCal Bernese Mountain Dog Rescue if I am unable, for any reason, to keep this dog. I will not relinquish this dog to another party without the knowledge and written permission of the NorCal Bernese Mountain Dog Rescue. Written permission will be in the form of a fully executed Adoption form;
5. Accept the removal of this dog from my home if there has been a violation of this adoption agreement;
6. A donation of \$\_\_\_\_\_ for the dog. (Cash, Check or PayPal)

# NorCal Bernese Mountain Dog Rescue

## Adoption Agreement

### AGREED & ACCEPTED

First and Last Name of Adopter: \_\_\_\_\_

Signature of Adopter: \_\_\_\_\_

Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone/email: \_\_\_\_\_

First and Last Name of Rescue Representative: \_\_\_\_\_

Signature of Rescue Representative: \_\_\_\_\_

Date: \_\_\_\_\_