

DREAM HOUSE RESCUE
ADOPTION CONTRACT

Adopter's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ home or cell Alternate #: _____

Email: _____

Animal's Information

Name: _____ Adoption Fee \$ _____

Sex: _____ Color/Markings: _____

Breed: _____ DOB/Approx Age: _____

Health: _____ Special Needs: _____

Vaccines: _____

_____ Adopter agrees to adopt the above named animal, and to provide for its care. In the event that the adopter can no longer take care of the animal, he/she is to be returned to "Ferret's Dream House". If the adopter wishes to transfer ownership of said animal to anyone other than the rescue, the rescue must be notified and be in agreement.

_____ The adopter represents that he/she has never been subject to legal action for cruelty to or neglect of animals. The adopter further represents that he/she has never owned an animal which has been confiscated by an animal control officer or humane organization for violations of state or local animal control regulations or animal adoption agreements

_____ Adoption fees are not refundable.

_____ All animals adopted under the age of six months must be spayed or neutered prior to six months of age. The pay/neuter fee is included in the adoption fee, provided the adopter takes the animal to Colerain Animal Clinic, under our name. If adopter wishes to use his/her own veterinarian, the rescue will reimburse the adopter the amount of \$25.

_____ Ferret Dream House gets its adoptable animals primarily from local animal shelters where the animals usually come in with no history or background information, and that the information provided by Ferret Dream House is their best estimate as to age and health based on the best information available to Ferret Dream House.

_____ Should any health concerns arise within the first three days, Ferret's Dream House must be notified and given the opportunity to provide treatment by a veterinarian of their choosing. If the adopter chooses not to contact the rescue before seeking treatment, the rescue will assume no responsibility for any charges incurred.

Persons authorized to approve treatment are: Carmen McKeehan 513-375-9517, Lori Sies 937-779-6540, Diana Stanfield 513-205-8456, or Alisa Bevins 937-423-2297.

_____ I hereby declare that I am the adopter whose name is set forth below, and that all of the information I have provided is true and complete to the best of my knowledge.

I, _____, (adopter), accept possession, legal guardianship, and responsibility for the animal listed on this contract and release Ferret's Dream House forever from liability for any injury or damage to any person or property caused in the future by said animal, and from any causes of action, suits, or demands whatsoever that may arise as a result of such injury or damage.

_____ (PRINT NAME) I am over 18 years of age _____

Adopter Signature _____ Date _____

Rescue Representative Signature: _____