

Adoption Agreement

Southern Colorado Animal Rescue (SCAR) 501(c)3 DBA Black Forest Animal Sanctuary (BFAS)
www.bfasfarm.org Email: bfasfarm@gmail.com (719) 494-0158 Farm (719) 494-1426 Fax

Date:

ANIMAL	<i>Name</i>	<i>Microchip</i>
	<i>Breed Type & Approx. Age</i>	<i>Description</i>
VETERINARY & BEHAVIOR		
ADOPTER INFO	<i>Your Name</i>	<i>Phone Number</i>
	<i>Email Address</i>	<i>Driver's license #</i>
ADDRESS	<i>Street</i> <i>City</i> <i>State</i> <i>Zip</i>	

By accepting this animal and signing this form, I attest that I am over 18 years of age, I understand and agree to the following:

1. The adoption fee is \$_____. If the animal is returned, a part of the adoption fee may be refunded. Within 7 days, the adopter forfeits \$100 of the adoption fee plus any other expenses recovering the animal. If the animal is returned after 7 days, the adopter forfeits the entire adoption fee and could be billed for any expenses recovering the animal. Refund will be returned by check or credit card processing within 14 days.
 - a. Animals over 6 months of age: The animal has been examined by a veterinarian, is spay/neutered, microchipped, and has received age appropriate vaccines.
 - b. Puppies/kittens: A \$100 deposit in the form of a check must be included at the time of adoption as a spay/neuter guarantee. This check will be returned/destroyed once the adopter provides proof of spay/neuter prior to animal age of 6 months. Spay/neuter is mandatory. This deposit is not part of any adoption fee or donation. Check #_____. Puppies have received age appropriate vaccinations and deworming. Per the AVMA, puppies should receive a dose of canine parvovirus vaccine between 14 and 16 weeks of age, regardless of how many doses they received earlier, to develop adequate protection. Puppies are at risk for several viruses and bacterial infections. Coccidia, Giardia, and Kennel Cough (Bordetella) is often brought on by the stress of shipping, a new home, new food, new people, change of climate or surroundings. etc. Kennel cough is self-limiting and like the common cold, it must run its course. Young puppies should not go to public places and caution should be used when interacting with other animals until they have received adequate vaccinations.
2. I have a received a copy of the Rabies Prevention brochure, veterinary records, and any other educational materials. Records may be sent electronically and may be transferred from our local vet office.
3. Animal(s) are being adopted/transferred for the sole purpose of being adopted to suitable permanent loving homes. This animal will not be sold, traded, consumed, or disposed of in any way, nor will it be used for any experimental or breeding purposes.
4. I will provide this animal with proper living conditions including shelter inside my home, adequate food and fresh water, humane treatment, and veterinary care to maintain his/her health and well-being. I understand that I am financially responsible for this animal, and that owning a pet/animal comes with expenses.

5. I will establish a schedule of preventative medicine with a veterinarian and to obtain immediate veterinary care if the animal becomes sick or is injured. Follow recommendations on housetraining, dog training, not allowing off leash, not attending dog parks.

6. Animals adopted or transferred from SCAR/BFAS include no guarantees regarding health, soundness or temperament. I understand that, while every effort is made to ensure the health of animals offered for transfer/adoption, SCAR/BFAS cannot be held responsible for any undetected or any behavioral issue, illness, or disease that the adopted animal might be carrying, and that SCAR/BFAS will not be responsible for any veterinary bills incurred after the adoption/transfer. We cannot guarantee the breed or mixed breed of any animal. We use our best judgement to guess the breed or follow vet records. Visual breed identification alone is unreliable. DNA typing is at the owners' expense and is the only absolute way of determining breed make up.

7. SCAR/BFAS, its directors, volunteers, property owners, foster homes, veterinarians are not responsible if this animal causes injury to a human and/or other animal and/or damage to property. This includes taking the animal on a foster, trial, or visit and interaction of any kind. SCAR/BFAS is not responsible for animal, human; property or vehicular damage, or driving accidents while the adopter is transporting or a SCAR/BFAS representative is transporting any animals for adopter.

8. SCAR/BFAS reserves the right to resume ownership and/or custody as the adopters' agent of the animal if any of the above conditions are not met or the adopter is under investigation for animal cruelty or the animal is found at any other shelter/humane society or is found as a stray.

9. **Microchip:** The microchip must be activated (circle program) and photo uploaded at: <https://www.foundanimals.org/microchip-registry> (free registration), <https://www.savethislife.com/register-microchip> (included lifetime registration), <http://www.homeagain.com/chipfurkeeps/login.jsp> (click on pet parents, shelter id CO79), AKC Reunite <https://www.akcreunite.org/cares-pub/ind/individualEnrollment.car>.

10. **Photos/Videos:** We would appreciate any photos of your adopted pet interacting with your family. Photos may have been taken at the time of adoption. Please forward future photos to our email at BFASFarm@gmail.com. I hereby grant the permission to use my likeness in a photograph, video, or other digital media ("photo") in all of its publications, including web-based publications, without payment or other consideration. I hereby irrevocably authorize to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge SCAR/BFAS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

CASH \$ _____ CHECK # _____ \$ _____
CREDIT CARD # _____ EXP DATE _____ CODE _____ \$ _____

Adopter Signature: _____ Date: _____