

MO-KAN BORDER COLLIE RESCUE COMPANION ANIMAL ADOPTION AGREEMENT

www.mokanbcrescue.org

The animals in our care have been spayed/neutered, are up to date on vaccinations heartworm tested (if a dog older than 6 months) and on heartworm preventative. Mo-Kan Border Collie Rescue is made up of volunteers who give their time, abilities and homes to help place animals where they will receive loving care. The animals in rescue came into rescue for many reasons and with varied backgrounds. We will provide potential adopters as much information as we have on any animal adopted. Sometimes we will have information provided by the owner that released the animal. In the case of a stray we will only have information on their behavior and personality for the time the animal has been in our care. The following points are minimum requirements for adoption of a rescue animal from Mo-Kan Border Collie Rescue.

- The animal will receive the medical care and attention necessary to ensure his/her health and well being.
- The animal will not be abused in any manner and will be a companion living primarily indoors. No animal will be placed in a home where they will be outdoors at all times.
- The adopter will provide an adequately fenced yard for the animal to exercise in, unless it is determined that the adopter can provide the animal with adequate exercise under humane control. Chaining a dog is not considered adequate exercise or humane.
- The dog should have appropriate identification and contact information on at all times.

If at any time Mo-Kan Border Collie Rescue determines that the terms and conditions of this agreement have not been met or that the animal is not receiving proper, humane care, Mo-Kan Border Collie Rescue may choose to take custody of the animal. Under no circumstances should the animal be abandoned, taken to a shelter, sold, given away, or used for experimentation or guarding purposes. If the animal cannot be kept at any time or for any reason, Mo-Kan Border Collie Rescue is to be contacted at bcrescue@mokanbcrescue.org

All information listed below is confidential.

Animal's Nam	e:			
Breed:	Color:			
Sex: M / F	Spayed/Neutered: Y / N	Approximate A	\ge:	_
Adopter's Nam	ne:			
Home Phone:	Work	Phone:		
Email Address	::			
	3:			
	ip:			
Adopte	r's Signature		Date	
MKBCF	R Representative's Signature		Date	

7/16 Dog's name: ______ Adoption Date: _____

In consideration of a donation of \$250.00, the receipt of which is acknowledged, ownership is transferred to the undersigned adopter(s) who releases, discharges and holds harmless Mo-Kan Border Collie Rescue from any charges or claims arising from the adoption of:

Come rescue from any charges of claims ansing	g nom the adoption of.	
Name of Animal:		
Description of Animal:		
On Date:		
above date if the adopter is not satisfied with any	o Mo-Kan Border Collie Rescue within 14 days of y aspect of the adoption. After this trial period, Mo- ck, but no refund will be given as the fee will have	
All expenses incurred by the adopter for the anim refund or reimbursement by Mo-Kan Border Collie	nal are the responsibility of the adopter. There will ie Rescue for those expenses.	be no
If the animal is lost by the potential adopter during by Mo-Kan Border Collie Rescue.	ng the trial adoption period, the fee being held is re	tained
I have read and agree to comply with the terms of	of the above agreement.	
Adopter 1 Signature	Date	
Adopter 2 Signature		

7/16 Dog's name: ______ Adoption Date: _____



MO-KAN BORDER COLLIE RESCUE SPAY/NEUTER CONTRACT

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The below named dog was not altered before					to be
spayed/neutered. You must agree to have the spay/neuter deposit of \$150 will be refunded made out to MKBCR for this deposit.	e named do	og spayed/	neutered by th	ne date stated	below. The
No refund of the \$150 spay/ neuter deposit sent to MKBCR by date set below, NO EXCE date set above MKBCR has the right to reclaive terinary, transportation and attorney fees.	PTIONS!!!	Furthermo	re, if the dog i	s not spayed/r	neutered by the
1.) I hereby agree to have	S	Spayed	Neutered	By	
Dog's name		, ,		Date	
2.) I understand that my deposit of $\frac{$150}{}$ winas been sent to MKBCR.	ill be refunde	ed if the ar	nimal is altered	d by date listed	above and proof
3.) No later than 10 days from the above date reimbursement. Contact MKBCR at bcrescue					er to receive
 MKBCR is not liable for death or injury to t caused thereby. 	the animal d	luring the s	spay/neuter pr	ocedure, nor b	y complications
caused thereby.			spay/neuter pr	ocedure, nor b	y complications
caused thereby. Adopter's Name (Print)			spay/neuter pr	ocedure, nor b	y complications
Adopter's Name (Print)Phone			spay/neuter pr	ocedure, nor b	y complications
caused thereby. Adopter's Name (Print)		_			y complications
Caused thereby. Adopter's Name (Print) Phone Address		_			y complications
Caused thereby. Adopter's Name (Print) Phone Address					y complications
Adopter's Name (Print)AddressCity			_ Zip		y complications
Adopter's Name (Print)AddressCity			_ Zip ate		y complications
Adopter's Name (Print)	 State MKBCR U		_Zipate		
Adopter's Name (Print)	 _State MKBCR U	Document	_Zipate	 d on:	

7/16