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| **ARF Adoption Agreement** |

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| Name of Dog |
| Breed (approx) |
| on (Date) |
| **IN CONSIDERATION** of payment of dollars adoption fee |

ARF acknowledges receipt of the adoption fee for the above dog from the undersigned adopters. From this date, the adopters release ACT Rescue & Foster Inc from any charges or claims arising from the adoption of the above dog.

**TERMS OF ADOPTION**

The undersigned adopters agree to abide by the following terms:

1. **Return/Cool off period**: The above named dog may be returned to ARF within three weeks of the above date for a full refund of the specified payment if the adopters are not satisfied with any aspect of the adoption.
2. **Safety:** During the cool off period, the above named dog will, at all times, wear a collar with an identification tag attached, and adopters will observe the rules of on lead and off lead in public areas. The above named dog will not be chained or tied.
3. **Refund:** After three weeks from the above date, no refund will be given. There will be no reimbursement for any expenses incurred by the adopters from the date of this agreement.
4. **Health Program:** The above named dog will be cared for humanely, ensuring adequate food, water, shelter, veterinary care and will be registered with the appropriate local authority. All veterinary work, including routine health procedures carried out after the date of adoption is the responsibility of the adopters.
5. **Loss:** If the above named dog is lost or stolen, the adopter will take all reasonable steps to find the dog and notify ARF within two (2) days.
6. If for any reason, the above named dog needs to be rehomed after the cool off period, the adopter must notify ARF and in consultation with ARF, make all efforts to rehome the above named dog to a suitable and loving new home or return the above named dog to ARF at a mutually convenient date.

***ARF Foster Carer to Complete: Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_***

***Payment by: ❏ Cash ❏ Cheque ❏ Direct Deposit***

***ARF Bank Details* BSB:** 112-908

**Account No.:** 027 107 561

**Ref:** Dog’s ARF name-Carer’s surname

**ADOPTION RELEASE**

|  |  |
| --- | --- |
| New Owner(s) Name: | |
| Address: | |
| Home Phone No. | Mobile No. |
| Email: | |
| Identification (e.g. Driver's License): | |
| How did new owner find out about dog/ARF? | |
| Dog’s name: | Breed (approx): |
| Age (approx): | Colour: |
| Sex: ❏ Male ❏ Female Desexed: ❏ No ❏ Yes Date desexed: \_\_\_\_/\_\_\_\_/20\_\_\_ | |
| Vaccination Date: \_\_\_\_/\_\_\_\_\_\_/20\_\_\_ | Update required on: \_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_ |
| Vaccination Type: ❏ C3 (puppies under 12 weeks) ❏ C5 (over 12 weeks) | |
| All Wormer Date: \_\_\_\_/\_\_\_\_/20\_\_\_ | Expires (quarterly/pups=f/night): \_\_\_/\_\_\_\_/20\_\_\_ |
| Microchip number: | |

Tick relevant Microchip Register:

❏ NSW Pet Registry ❏ Australasian Animal Register ❏ Central Animal Records

Other Microchip Register (give details):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration is to be arranged by new owner with the appropriate local authority.

If already Registered - Registration No: \_\_\_\_\_\_\_\_\_\_\_\_Which local authority:\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge receipt from ARF of the above named dog. I understand that any sum of money I have given to ARF will be used for its work in caring for dogs and is not refundable except as shown in the Terms of Adoption, Clause 1.

I acknowledge that I have read and understand the Adoption Agreement and agree to abide by all of its requirements.

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| Signed this day of , 20 | |
| Signatures: Adopter: | Co-adopter |
| Signature: Agent for ARF: | |

**Details of ARF Foster Carer for this Dog:**

|  |  |
| --- | --- |
| Name (if different to Agent): | |
| Address: | |
| Phone: | Mobile |
| Email: | |