My Journey Home Dog Rescue
180 Flowing Well Rd. I Kalkaska, MI 49646
dogs.journey@yahoo.com I (231) 384-5009

Animal Name:	Master Number:

ADOPTION CONTRACT

I agree to the following:

- I have considered the daily responsibilities and am willing to provide a loving, safe, healthy, clean **environment** for my new pet.
- I have considered my pet's life expectancy and am willing to provide it a **permanent** home. I understand that this pet is a living creature and not a “throw away” item.
- My new pet will live **indoors** . When outside, I will keep my pet contained to my property without chaining it to an object for extended periods of time. I will keep identification on my pet at all times.
- I will provide **veterinary care** , including medical treatments, vaccinations, parasite control and prevention (rabies, heartworm, fleas, distemper, etc).
- I will provide my new pet with clean, fresh **water** and nutritious **food** in sufficient amounts on a daily basis.
- I will **not** have my pet’s ears or tail cropped.
- I understand that all animals require training and patience to prevent chewing, scratching, and soiling in the house. I will provide proper and humane **training** .
- If for some reason, I can no longer care for my pet, I will make arrangements to **return** it to My Journey Home Dog Rescue as soon as possible.
- I understand there are **no guarantees** regarding health, temperament, or the training of this animal.
- I accept that I am adopting my new pet “ **as is** ” and assume all risk of ownership. I fully release My Journey Home Dog Rescue from any claim, cause of action, or liability for injury or damage caused by my newly adopted pet.
- I understand that if I do not fulfill the commitment to my pet and breach this contract, My Journey Home Dog Rescue has the right to **reclaim** the adopted animal with NO REFUND.

Copy of Driver’s License attached.	Foster Addendum attached? ◯ Y ◯ N
Adopter Name:	Phone Number:
Adopter Signature: _____	Date:
Address:	Zip Code:
Email:	Payment: Cash Check
MJH Representative:	Date: