

ADOPTION CONTRACT

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Stray _{from the} Heart	Name	Name		
		Address		
			Zip	
PO BOX 11 • NY, NY 10024				
212.726.DOGS www.strayfromtheheart.org				
	<u> </u>			
I/we accept	("the dog") a		(color) male/female dog	
whose breed is known as	and is app	proximately	months/year(s) old, and	
Stray from the Heart, ("SFTH") accepts	our offer to adopt the dog	l.		
In consideration for adopting the dog, I	/we hereby agree to the fo	ollowing adoption	conditions:	
 To consider and treat the dog as a hocare and treatment, including proper fexercise, and a reasonable amount of To provide routine veterinary care sucunusual symptoms such as loss of apinability to walk, arthritis, allergies, ski To register the dog with and obtain a consult a veterinarian to tag the dog w To safeguard the dog from loss or mis run at large unsupervised, not allowing indoor household companion at the pr If the dog is lost or stolen, to immer l/we are unable to reach the unders (212) 726-DOGS, AND to email adop NOT to give or sell the dog to another shelter or pound, or any medical or ex NOT to alter the dog's appearance in To immediately notify SFTH in the eve To allow a SFTH representative to mathis agreement and to further visits if S To immediately notify SFTH of any checurrent residence during the first year circumstances which may prevent me I/we understand that the dog has or verthat his/her state of health is accurate have the dog examined by my/our ow determined that the health of the dog amount of time, to allow SFTH to secul/we choose to return the dog, the adolog. Accordingly, I/we hereby adopt the volunteers, Officers and Directors, of a by the dog. I/we have read and fully understand the and is common in pet adoption contraterms specified herein, SFTH HAS the 	cood and clean/fresh water two itime to adjust to his new hor the as yearly checkups, prevent petite, coughing, excessive upon conditions and lethargy; and dog license from the municipalith a microchip. Ishap. This means walking the gethe dog in the yard without remises listed as my address diately notify the undersigning representative, to impresent the dog's death within the perimental laboratory or any any way, shape or form (e.g. ant of the dog's death within the perimental laboratory or any any way, shape or form (e.g. ant of the dog's death within the periodic visits to my home form the signing of this agree of address or telephone from the signing of this agree of address or telephone from the signing of the dog or of the dog or a foster home option fee is not refundable. It is not satisfactory, I/we may be used to the dog at my/our own risk, any and all liability arising the terms and conditions of the cts. I/we understand and a	rice a day, four dail me and new surrou ntion treatment and urination, vomiting, out to provide regular ality where I live or edge dog on leash at all human supervision and info@strayfrom r individual or rescutother organization. Cropping, docking) the first year of ado the during the first six enumber, or of any ement, and notify Scomply with any provide and vaccinated owledge of SFTH. It is of adoption. If upon the temperament and indemnify and index ind	ly walks , shelter, regular ndings. I emergency medical care for diarrhea, blood in stool or urine, r grooming and socialization. as required by law, and to I times, not allowing the dog to an and keeping the dog as an an antative by phone and email. If 147) 242-0459, (718) 544-9175, antheheart.org. The group, humane association, and the move from my/our serif of any change in position of this agreement. If the dot is a serif of the move of the serif of the displacement of the move of the move of the displacement of the	

Adopter/s Name SFTH Representative Date Date