



Coastal Boxer Rescue of Florida, Inc.

P.O. Box 121381 · W. Melbourne Fl. 32912-1381 · info@coastalboxers.org (866) 281-8209

Adoption Contract

Dog Name _____ Dog # _____ Gender _____

Description _____

Microchip Information _____ Microchip Number _____

ADOPTER AGREES TO THE FOLLOWING and has initialed next to each item to signify understanding:

Initials

- _____ 1. The adoption fee for the above-named dog is \$ _____. I understand that the adoption fee helps pay for medical care, boarding, and other expenses for Coastal Boxer Rescue of Florida, Inc. I understand that this fee is non-refundable after 5 days of possession of the above-named dog. If during this 5 day period I decide to return the dog, Coastal Boxer Rescue of Florida, Inc. reserves the right to withhold all or a portion of the adoption fee for fees and cost associated with return of above-named dog.
- _____ 2. If for any reason I am not able to properly care for the above-named dog, I agree to return the dog (in healthy condition) to Coastal Boxer Rescue of Florida, Inc. I understand that the above-named dog must be returned to Coastal Boxer Rescue of Florida, Inc. and under no circumstances will the above-named dog be taken to any shelter, including, but not limited to, animal control or other county facility.
- _____ 3. Under no circumstances will the above-named dog be kept outdoors. If I am unable to keep the dog inside, I agree to return the dog to Coastal Boxer Rescue of Florida, Inc.
- _____ 4. Under no circumstances will the above-named dog be used for medical experimentation or dog fighting. I agree to protect the above-named dog from abuse, cruelty, or neglect.
- _____ 5. Under no circumstances will the above-named dog be left alone, chained, or tied in or out of doors for an extended period of time. If the above-named dog must be confined for a limited period of time, it may be confined indoors, in a crate of suitable size.

- _____ 6. Under no circumstances will the above-named dog be transported in the back of a pickup truck.
- _____ 7. If the above-named dog has not had its tail docked or its ears cropped prior to adoption, I understand that at no time is the above-named dog to have its ears cropped or its tail docked.
- _____ 8. The above-named dog will be maintained for the rest of its life on heartworm preventative medication purchased from or at the direction of a veterinarian. The dog will also be given an annual heartworm check and be vaccinated with DHLPP, Bordatella and Rabies.
- _____ 9. Although Coastal Boxer Rescue of Florida, Inc. has had the above-named dog evaluated by a qualified veterinarian, I understand that certain ailments and medical conditions may not be detected prior to adoption or may arise in the future. I hereby release, remise, and forever discharge Coastal Boxer Rescue of Florida, Inc. of liability for future medical treatment of conditions unknown at the time of adoption. I understand and agree that any and all further medical treatment of above-named dog is my responsibility.

The above-named dog has been (please check the following):

_____ Spayed/Neutered _____ Vaccinated _____ Microchipped

If the above-named dog has not been sterilized, you understand and agree to have the above-named dog sterilized according to Coastal Boxer Rescue of Florida, Inc.'s sterilization protocols, procedures and time frames at your expense, unless otherwise agreed to by Coastal Boxer Rescue of Florida, Inc. You understand and agree that the above-named dog will be sterilized within 30 days or prior to sexual maturity by a licensed veterinarian. As the adopter, you will be required to have a licensed veterinarian provide proof of completion and/or complete a spay/neuter release form for Coastal Boxer Rescue of Florida, Inc.

I understand that failure to comply may result in fines, citations or other civil penalty per Florida State Statute §823.15. Any fees associated with the enforcement of Florida State Statute §823.15, including, but not limited to, court costs and reasonable attorneys' fees will be the responsibility of the adopter referenced in this contract.

Please refer to the medical records provided for further medical information with regard to the above-named dog.

- _____ 10. I understand the following condition(s) exist with this dog and I agree to accept the responsibility for further treatment. If no conditions exist, state NONE. _____

- _____ 11. Coastal Boxer Rescue of Florida, Inc. reserves the right to inspect and review the environment of the aforementioned dog to ensure proper care. If any violation of this contract is evident, Coastal Boxer Rescue of Florida, Inc. reserves the right to revoke ownership rights and retake possession of above-named dog.

- _____ 12. I understand and agree to release, remise, and forever discharge Coastal Boxer Rescue

of Florida, Inc., its Officers, Directors, Members, Agents, and Volunteers from any and all claims arising from the adoption of this dog. I understand and agree that the behavior of dogs can be unpredictable and that Coastal Boxer Rescue of Florida, Inc. cannot anticipate or guarantee the temperament and/or behavior of any dog adopted from Coastal Boxer Rescue of Florida, Inc. I hereby accept the dog as-is, assume all risks and responsibilities associated with ownership of the animal, including, but not limited to, bites or any veterinary expenses. The dog's known physical condition, temperament, and character has been represented by Coastal Boxer Rescue of Florida, Inc. in good faith.

_____ 13. For Puppies – I agree to follow the following vaccine and exam schedule:

- ☐ 6 - 8 weeks: Begin Puppy Shots with Parvovirus/Distemper
- ☐ 10 - 12 weeks (4 weeks after 1st round of shots): Parvo/Distemper/Corona
- ☐ 14 - 16 weeks (4 weeks after 2nd round of shots): Parvo/Distemper/Corona
- ☐ 18 - 20 weeks (4 weeks after 3rd round of shots):
Parvo/Distemper/Leptospirosis/Bordatella
- ☐ 5 Months: Rabies Vaccination

_____ 14. Coastal Boxer Rescue of Florida, Inc. retains the right to specifically enforce this contract through judicial proceedings, including the right of Coastal Boxer Rescue of Florida, Inc. to retake possession of the above-named dog due to any breach of any terms of this contract. I understand and agree that in the event I breach this contract and Coastal Boxer Rescue of Florida, Inc. files suit to enforce this contract or to defend any claim under this contract, I am responsible for any and all court costs and reasonable attorneys' fees incurred as a result therefrom.

I HAVE FULLY READ AND UNDERSTAND THE ABOVE-STATED TERMS AND CONDITIONS AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT THIS AGREEMENT IS A CONTRACT AND THAT I AM GIVING UP SUBSTANTIAL RIGHTS.

Signature of Adopter _____ Date _____

PLEASE PRINT

Your Name Last _____ First _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Coastal Boxer Rescue of Florida, Inc. Representative _____

EXECUTED CONTRACT TO BE MAILED TO:

Coastal Boxer Rescue of Florida
Attn: Melissa Mierzwa
3311 Tarragon St
Cocoa, FL 32926

THANK YOU FOR GIVING THIS RESCUED BOXER A HOME!

For Office Use Only:

Donation Amount _____ Cash _____ Ck# _____ Date Deposited _____ by _____