

## **WISH BONE CANINE RESCUE**

## ADOPTION AGREEMENT AND CONTRACT

**IL LICENSE # 13752** 

Dog ID #: \_\_\_\_\_ 1303 Morrissey Drive Bloomington, IL 61701 309-808-4477

Adopter's Name(S):		Dog's Name:	
Street Address:		Breed:	
City, State, Zip:		Coloring:	
Telephone:	Microchip:		
Email:		Age/DOB:	Sex: MN FS
	amount of \$, Wish adopt this pet under the terms set f		agrees to
disclosed to Adopter.  Adoption fee is non-refundable.  Adopter agrees to take animal to  Adopter agrees to accept full responsible for any of  Adopter agrees to assume responsible for any of  Adopter agrees to assume responsimal from date of adoption for  Adopter agrees no cosmetic mutified.  Adopter agrees to provide this are animal's life. This includes vaccing and veterinarian prescribed hear contacting the Adopter's veterinarian.  Adopter agrees to keep this animal.  Adopter agrees ownership of this their own expense, return this an including, but not limited to obed behavioral problem that may occur.	nal licensed in accordance with local ord the strict understanding that it is going to a animal is not transferrable. Adopter ago timal to WBCR. Before returning the animal dience training, behaviorist, crate training tur with the adopted animal, or between the sthat any photo taken of them and/or	vaccinations, food, supplies and n within seven (7) days of adoption of the adoption forward and unde operty that may be caused by the d, grooming, and any other costs ny expenses incurred following action or tail docking, will be performed as recommended by a veterinariading veterinarian recommended figives WBCR permission to verify the dinances.  It is a private home to live as an incomes if they are unable to care formal, Adopter agrees to exhaust all g, or veterinary advice to solve and the Adopter and the adopted and	related expenses. on. rstands this means adopted animal. associated with this doption. on this animal. an for the rest of the flea/tick prevention this care by  door pet. or this pet, they will at I options available, ny physical or imal.
	arranties, refunds, or returns is available		
	any bank charges Wish Bone Canine Re Parse Wish Bone Canine Rescue for all cha		c is returned for
=	nis contract to protect the health and we erves the right to terminate this agreem	· · · · · · · · · · · · · · · · · · ·	
For McLean County residents, the McLean County rabies vaccination registration fee will be added to the adoption fee.			
Deposit Previously Made: \$	Amount Paid Today: \$	Cash	Credit Card
	s available at the location of the dog for to keep a signed copy of this disclosure. wledge.	<del>-</del>	
Adopter's Signature		Date	

Wish Bone Canine Rescue

Records Log: \_\_\_\_\_

Date \_\_\_\_