



# WISH BONE CANINE RESCUE

Dog ID #: \_\_\_\_\_

Source: \_\_\_\_\_

## ADOPTION AGREEMENT IL LICENSE # 13752

2020 Bunn St  
Bloomington, IL 61704  
309-808-4477

Adopter's Printed Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Poss. Breeds: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Coloring: \_\_\_\_\_

Telephone: \_\_\_\_\_ Microchip: \_\_\_\_\_

Email: \_\_\_\_\_ Estimated Age/DOB: \_\_\_\_\_ Sex: MN FS

IN CONSIDERATION of an adoption fee of \$ \_\_\_\_\_, Wish Bone Canine Rescue (WBCR) agrees to allow the Adopter named above to adopt this pet under the terms set forth in this agreement.

1. WBCR warrants that this pet has been examined by a licensed veterinarian and any known medical conditions have been disclosed to Adopter. A copy of the vaccination and treatment record has been provided to Adopter.
2. Adoption fee is non-refundable.
3. Adopter agrees to take this pet to a licensed Veterinarian for examination within three (3) days of adoption for animals four (4) months of age or younger and within seven (7) days of adoption for animals over four (4) months of age.
4. Adopter agrees to accept full responsibility for this animal from the date of adoption forward and understands this means WBCR is not responsible for any damage to persons, other animals, or property that may be caused by the adopted animal.
5. Adopter agrees to assume responsibility for all veterinary expenses, food, grooming, and any other costs associated with this animal from date of adoption forward. WBCR does not reimburse for any expenses incurred following adoption.
6. Adopter agrees to provide this animal with care and vaccinations as recommended by a licensed veterinarian for the rest of the animal's life, including prevention of parasites with veterinarian recommended flea/tick prevention and veterinarian prescribed heartworm prevention. Adopter gives WBCR permission to verify this care by contacting the Adopter's veterinarian.
7. Adopter agrees to keep this animal licensed in accordance with local ordinances.
8. This animal is being placed with the understanding that it is going to a private home to live as an indoor pet.
9. Adopter agrees if they can no longer keep this animal, they will not abandon it or turn it loose. If Adopter wishes to rehome the pet, they may do so with WBCR's prior approval. If unable to rehome the pet, Adopter agrees to contact WBCR to determine if WBCR is able to accept the dog.
10. Adopter acknowledges and agrees that any photo taken of them and/or the adopted pet may be used by WBCR in marketing material, brochures, social media or other published material.
11. A copy of WBCR's policy regarding warranties, refunds, or returns is available upon request.

Yes No Wish Bone feeds Hill's Science Diet products. I opt in to receive promotional materials from Hill's.

WBCR reserves the right to enforce this agreement to protect the health and welfare of the adopted animal. If terms are not upheld, WBCR reserves the right to terminate this agreement, reclaim the animal, and collect all reasonable costs incurred.

For McLean County residents, the rabies registration fee is collected at time of adoption.

Deposit Previously Made: \$ \_\_\_\_\_ Amount Paid Today: \$ \_\_\_\_\_ **Cash PayPal \$12 Rabies Reg. Fee**

I hereby attest that this disclosure was available on or near the cage of the dog for adoption and that I have read all disclosures. I further understand that I am entitled to keep a signed copy of this disclosure. I hereby attest that all of the above information is true and correct to the best of my knowledge.

Adopter's Signature \_\_\_\_\_ Date \_\_\_\_\_

WBCR Signature \_\_\_\_\_ Date \_\_\_\_\_

WBCR Printed Name \_\_\_\_\_

Administrative Use:  Microchip Reg.  Records Log  
Rev 5/4/21