



MO-KAN BORDER COLLIE RESCUE
RECEIPT FOR ADOPTION
www.mokanbcrescue.org

In consideration of a donation of \$300.00, the receipt of which is acknowledged, ownership is transferred to the undersigned adopter(s) who releases, discharges and holds harmless Mo-Kan Border Collie Rescue from any charges or claims arising from the adoption of:

Name of Animal: _____

Description of Animal: _____

On Date: _____

The above-designated animal may be returned to Mo-Kan Border Collie Rescue within 14 days of the above date if the adopter is not satisfied with any aspect of the adoption. After this trial period, Mo-Kan Border Collie Rescue will still take the animal back, but no refund will be given as the fee will have already been used for the next rescued animal.

All expenses incurred by the adopter for the animal are the responsibility of the adopter. There will be no refund or reimbursement by Mo-Kan Border Collie Rescue for those expenses.

If the animal is lost by the potential adopter during the trial adoption period, the fee being held is retained by Mo-Kan Border Collie Rescue.

I have read and agree to comply with the terms of the above agreement.

Adopter 1 Signature

Date

Adopter 2 Signature

Date



**MO-KAN BORDER COLLIE RESCUE
SPAY/NEUTER CONTRACT**
www.mokanbcrescue.org

The below named dog was not altered before being adopted for the following reason:
_____. Kansas & Missouri LAWS requires all shelter animals to be spayed/neutered. You must agree to have the named dog spayed/neutered by the date stated below. The spay/neuter deposit of **\$150** will be refunded after proof of has been given. **Please write a separate check made out to MKBCR for this deposit.**

No refund of the **\$150** spay/ neuter deposit will be made if the animal is not spayed/ neutered and proof is not sent to MKBCR by date set below, **NO EXCEPTIONS!!!** Furthermore, if the dog is not spayed/neutered by the date set above MKBCR has the right to reclaim said dog and you (the Adopter) will be responsible for all veterinary, transportation and attorney fees.

1.) I hereby agree to have _____ Spayed ___ Neutered ___ By _____
Dog's name *Date*

2.) I understand that my deposit of **\$150** will be refunded if the animal is altered by date listed above and proof has been sent to MKBCR.

3.) No later than 10 days from the above date I will send proof of spay/neuter to MKBCR in order to receive reimbursement. Contact MKBCR at bcrescue@mokanbcrescue.org for the mailing address.

4.) MKBCR is not liable for death or injury to the animal during the spay/neuter procedure, nor by complications caused thereby.

Adopter's Name (Print) _____
 Phone _____
 Address _____
 City _____ State _____ Zip _____

Adopter's Signature *Date*

MKBCR Representative's Signature *Date*

----- MKBCR USE -----

Spay/Neuter was performed on: _____ Documentation received on: _____

Deposit was Returned: Deposit Returned Check destroyed: Check donated:

Treasurer Signature *Date*