



COMPANION ANIMAL ADOPTION AGREEMENT

The animals in our care have been spayed/neutered, are up to date on vaccinations, heartworm tested (if a dog older than 6 months) and on heartworm preventative. Mo-Kan Border Collie Rescue is made up of volunteers who give their time, abilities and homes to help place animals where they will receive loving care. The animals in rescue came into rescue for many reasons and with varied backgrounds. We will provide potential adopters with as much information as we have on any animal adopted. Sometimes we will have information provided by the owner that released the animal. In the case of a stray, we will only have information on their behavior and personality for the time the animal has been in our care. The following points are minimum requirements for adoption of a rescue animal from Mo-Kan Border Collie Rescue.

- The animal will receive the medical care and attention necessary to ensure his/her health and well-being.
- The animal will not be abused in any manner and will be a companion living primarily indoors. No animal will be placed in a home where they will always be outdoors.
- The adopter will provide an adequately fenced yard for the animal to exercise in, unless it is determined that the adopter can provide the animal with adequate exercise under humane control. Chaining a dog is not considered adequate exercise or humane.
- The dog should always have appropriate identification and contact information on.

If at any time Mo-Kan Border Collie Rescue determines that the terms and conditions of this agreement have not been met or that the animal is not receiving proper, humane care, Mo-Kan Border Collie Rescue may choose to take custody of the animal. Under no circumstances should the animal be abandoned, taken to a shelter, sold, given away, or used for experimentation or guarding purposes. If the animal cannot be kept at any time or for any reason, Mo-Kan Border Collie Rescue is to be contacted at bcrescue@mokanbcrescue.org.

All information listed below is confidential.

Animal's Name: _____

Breed: _____ Color: _____

Sex: M / F Spayed/Neutered: Y / N Approximate Age: _____

Adopter's Name: _____

Phone: _____ Work Phone: _____

Email Address: _____

Street Address: _____

City / State / Zip: _____

Adopter's Signature

Date

MKBCR Representative's Signature

Date

Dog's name: _____ *Adoption Date:* _____



RECEIPT FOR ADOPTION

The adoption donation is based on the age of the dog. The age will be determined by Mo-Kan Border Collie Rescue at the time of adoption. Check one:

- \$350.00 Under 8 years old
- \$250.00 8 years and older

In consideration of a donation of \$ _____, 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.

_____ <i>Adopter 1 Signature</i>	_____ <i>Date</i>
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_____ <i>Adopter 2 Signature</i>	_____ <i>Date</i>
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Dog's name: _____ Adoption Date: _____ Check / Cash / Paypal (circle one)



SPAY/NEUTER CONTRACT

The below named dog was not altered before being adopted for the following reason:

_____. Kansas & Missouri Laws require all shelter animals to be spayed/neutered. You must agree to have the named dog spayed/neutered by the date stated below. **Please write a separate check for \$250.00 made out to Mo-Kan Border Collie Rescue for this deposit.**

The deposit will be refunded after proof of spay/neuter has been received by Mo-Kan Border Collie Rescue. The check **will be cashed** if the animal is not spayed/neutered by the date stated below and proof is received by Mo-Kan Border Collie Rescue. If a later date is requested, a letter from your veterinarian indicating the reason for the delay and the date it will be performed by must be sent to Mo-Kan Border Collie Rescue.

Furthermore, if the dog is not spayed/neutered by the date sent Mo-Kan Border Collie Rescue 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 (MM/DD/YY)*

2) I understand that my deposit of \$250.00 will be refunded if the animal is altered by the date stated above and proof of such has been received by Mo-Kan Border Collie Rescue.

3) No later than 10 days from the above date I will send proof of spay/neuter to Mo-Kan Border Collie Rescue to receive reimbursement.

4) Email proof to bordergirl1996@yahoo.com or postal mail to Robin Johnson, 6071 E. O'Rear Road, Columbia, MO 65202.

5) Mo-Kan Border Collie Rescue 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: Check Cashed:

Treasurer Signature *Date*

Dog's name: _____ *Adoption Date:* _____