



PO Box 54, McKean PA 16426
 Phone: 814-866-5039
 Web Site - www.becauseyoucare.org
 E-mail address-bycinc@velocity.net

Canine Adoption Agreement

Dog's Name:	Breed/Mix:	DOB:	Date of Adoption:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Description:		
Rabies Tag # :	Administered by:		
Microchip Label:			
<p>The parties hereto agree that the owners shall abide by the following conditions. I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THESE PROVISIONS SHALL RESULT IN FORFEITURE OF THE PET TO BECAUSE YOU CARE, INC. (BYC).</p>			
<p>1. _____, hereinafter referred to as the dog, is being transferred to the adopting owner with the understanding that the adopter is taking possession of the dog to treat and be responsible for as their own dog.</p>			
<p>2. This dog's known background and medical history have been discussed with me. I understand that BYC has made no representation concerning the health, condition, training, behavior or temperament of the dog. The dog I am adopting is a rescue animal and, as such, may have been exposed to a variety of diseases. Like human illnesses, animal illnesses can have an incubation period of up to several weeks. If the dog shows signs of illness within 14 days, I will notify Because You Care, Inc.</p>			
<p>3. The dog will be treated as a family member with loving care and affection. The dog will live inside my home and will not be isolated from the family. I will ensure my dog has an adequate diet, a fresh supply of water and gets regular exercise. I will never let my dog run loose or roam, keep my dog chained or tied up for extended periods or keep it continuously in a yard, garage, patio, balcony or pen. I/we will not leave my dog outdoors, even in a fenced yard when no one is at home. I will do my best to ensure the dog's safety and well being.</p>			
<p>4. I will not have the dog attack-trained nor will I use it for any purpose other than companionship. I will not have the dog's ears cropped nor will I have its tail docked. I agree that I will not use this dog for the purpose of hunting. I will never allow any physical, mental, or emotional abuse of the dog.</p>			
<p>5. I will take the dog to a licensed veterinarian. I will provide all required and/or needed veterinary care, including: rabies shots as required; vaccinations and fecal checks as recommended by my veterinarian; and prompt treatment by a licensed veterinarian for any illness or injury. The dog will be given heartworm preventative tablets and tick & flea preventative treatment.</p>			
<p>6. If not already done, I will have the dog spayed/neutered. For BYC to pay the cost of the surgery, I MUST HAVE a BYC authorization prior to making a spay/neuter appointment.</p>			
<p>7. I will ensure proper licensing of the dog and will attach the appropriate license tags, rabies tag and personal identification tag to a non-choke collar to be worn at all times. I will ensure compliance with all applicable local and state statutes.</p>			
<p>8. I agree not to sell or give this animal to any person, company, organization or animal shelter. If an alternative home becomes necessary for the animal, I am required to contact Because You Care, Inc. I will also be required to care for the dog until a foster home becomes available.</p>			
<p>9. I agree to accept responsibility and ownership of the dog at my own risk and I release BYC and its agents from any and all liability arising from possession and ownership of my dog. BYC and its agents will be held harmless for any damages or expenses (veterinary or other) incurred during my ownership of the dog.</p>			
<p>10. In the event the dog becomes lost, I will immediately notify BYC. I will also immediately notify BYC of any change of contact information (address, phone number, or email address).</p>			
<p>11. I affirm that no member of my household has been convicted of an animal welfare law violation such as neglect, cruelty, abandonment etc.</p>			
<p>12. I agree to allow a representative of BYC, Inc. to check back with me regarding the dog and to make a follow up visit.</p>			
Adopter Information:			
Name:			
Address:	City:	State:	Zip:
Phone: (H)	(W)		
E-Mail:			
Adoption Fee:	Donation:	Membership Fee w/Adoption:	
Adopter's Signature:			
BYC Rep:	Phone #	Date:	
<p>As provided in Title 18, Part II, § 4105 of the Code of Pennsylvania, checks returned by the issuer's bank due to lack of funds or credit are subject to any bank charges incurred by BYC and a processing fee of \$25.00.</p>			