



# Open Arms Rescue of WNY

## Adoption Contract

\*updated 04/10/19

### Contact Info

Mailing Address: PO Box 133 Akron, NY 14001

Email: [oarwny@gmail.com](mailto:oarwny@gmail.com)

Website: [www.oarwny.org](http://www.oarwny.org)

ADOPTER NAME \_\_\_\_\_ CO-OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL \_\_\_\_\_ ALT CELL \_\_\_\_\_

- \_\_\_\_\_ I understand there were circumstances for this puppy/dog/cat/kitten that resulted in the animal not yet being spayed/neutered either due to age, size or illness.
- \_\_\_\_\_ I understand and agree that it is my responsibility to make a spay/neuter appointment within 30 days of this contract and my adopted puppy/kitten MUST receive the spay/neuter surgery before they reach 6 months of age. *(Mature dogs/cats MUST be spayed/neutered within 30 days of this contract if not done before adoption.)*
- \_\_\_\_\_ I MUST mail or email the spay/neuter certificate (requested from the vet) within 7 days after the surgery.
- \_\_\_\_\_ I understand the adoption fee includes the cost of the spay/neuter at any of the below participating facilities, however, if I elect to use my own veterinarian, I agree to pay the full cost of the spay/neuter plus accrued expenses.
- \_\_\_\_\_ I agree that any additional cost accrued at spay/neuter, whether at the participating vets or my own elected vet, will be my sole responsibility; including but not limited to; pain meds, advanced age (above 6m), fluids, microchip, cone, etc.
- \_\_\_\_\_ I agree this animal is being adopted for me and not intended to be sold or given to another party as a gift or otherwise.
- \_\_\_\_\_ I agree that the adopted animal is intended to be my companion, not for guard use or otherwise, and the animal will live inside my home and NOT outdoors.
- \_\_\_\_\_ I agree to provide consistent, humane care and be a responsible animal guardian; including but not limited to; supplying nutritious food, fresh water, adequate shelter, attention, training, socialization and veterinary medical care for routine preventative health and vaccinations, in addition to illness or injury, for the life of the animal.
- \_\_\_\_\_ I understand and agree that OARWNY makes NO GUARANTEES about the animal's temperament, health, breed or size.
- \_\_\_\_\_ I agree that OARWNY is not responsible for any future veterinary fees or future damages after the animal is adopted and I, the adopter, will take FULL RESPONSIBILITY for any future damages or injuries caused by my adopted animal to people, other animals, or property, for the life of the animal.
- \_\_\_\_\_ I understand that all adoptions are final and there will be no refunds given.
- \_\_\_\_\_ I understand that if I breach the contract in any way, OARWNY has the right to confiscate the adopted animal.
- \_\_\_\_\_ I agree that if, for any reason, I decide not to keep ownership of the adopted animal, I MUST notify OARWNY via email ([oarwny@gmail.com](mailto:oarwny@gmail.com)) immediately to either return the animal or agree to new terms.

By signing below, I agree to all the terms and conditions set forth by this adoption contract.



ADOPTERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OARWNY WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Dog Surgery and Wellness Clinic*  
56 Harvester Avenue  
Batavia, NY 14020  
Phone # 585-219-4404

*Operation PETS*  
3443 South Park Avenue  
Blasdell, NY 14216  
Phone # 716-783-8998

*True Care Veterinary Hospital*  
10255 Main Street #2  
Clarence, NY 14031  
Phone # 716-759-6225

**To be completed by OARWNY volunteer:** Spayed/Neutered or not yet altered (circle one)

Animal Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Age at time of adoption: \_\_\_\_\_ Estimated Breed: \_\_\_\_\_

\$275 adoption fee received \_\_\_\_\_ (initial) Donation paid in Cash or Check # \_\_\_\_\_ (circle one)