



Open Arms Rescue of WNY

Adoption Contract
*updated 10/16/20

Mailing Address: PO Box 133 Akron, NY 14001
Email: oarwny@gmail.com
Website: www.oarwny.org

ADOPTER NAME _____ CO-OWNER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMAIL _____ CELL _____ ALT CELL _____

- 1 _____ 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.)
- 2 _____ I will mail or email the spay/neuter certificate (requested from the vet) within 7 days after the surgery.
- 3 _____ 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.
- 4 _____ I agree that additional costs 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.
- 5 _____ I agree this adopted animal is for myself and not intended to be sold or given to another party as a gift or otherwise.
- 6 _____ I agree that the adopted animal is intended to be my companion and household pet, not for guard use or otherwise, and the animal will live inside my residence and NOT outdoors even with a dog house.
- 7 _____ 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.
- 8 _____ I understand that OARWNY makes NO GUARANTEES about the animal's temperament, health, breed or size.
- 9 _____ 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.
- 10 _____ If, for any reason, I cannot or do not want to keep ownership of the adopted animal, I agree to notify OARWNY via email (oarwny@gmail.com) immediately to either return the animal or agree upon new terms.
- 11 _____ If I notice major behavioral or medical changes in the adopted animal within 30 days of the adoption, I agree to notify OARWNY via email (oarwny@gmail.com) to consult BEFORE any financial or treatment decisions are made.
- 12 _____ I understand that this adoption is final, unless there is a breach of contract, and there will be no refunds given.
- 13 _____ I understand that if I breach this contract in any way, OARWNY has the right to confiscate the adopted animal.

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

ADOPTERS SIGNATURE _____ DATE _____

OARWNY WITNESS SIGNATURE _____ DATE _____

Operation PETS
3443 South Park Avenue
Blasdell, NY 14219
Phone # 716-783-8998

for Operation PETS Appointments:
Text: Sue Dowski
716-572-1374

True Care Veterinary Hospital
10100 Main Street
Clarence, NY 14031
Phone # 716-759-6225

To be completed by OARWNY volunteer:

Spayed/Neutered/Not yet altered (circle one)

Animal Name: _____

New Name: _____

Age at Adoption: _____

Estimated Breed: _____

\$275 adoption fee received _____ (initial)

Donation Paid: Cash/Check # _____ (circle one)