



DOG ADOPTION CONTRACT

P.O. Box 2352, Fairfax, VA 22031

info@petsbringjoy.org Revised on 08/05/2022

DOG NAME(S): _____ DESCRIPTION: _____

GENDER: _____ AGE OR ESTIMATED DATE OF BIRTH: _____ SPAYED/NEUTERED? Yes

1. I will treat (name(s)) _____ (hereinafter "my PBJ dog(s)") as **family member(s), giving them loving care and attention.** I acknowledge that a dog can live 15 years or more, and am **committed to caring for my PBJ dog(s) for their full lifetimes.**
2. **If ever my PBJ dog should go missing,** I will contact Pets Bring Joy immediately for their assistance in searching for/recovering my PBJ dog.
3. **Microchipping:** PBJ provides courtesy microchipping for all dogs adopted through our organization. Dogs are initially registered to PBJ so that we will be notified in the event that the dog(s) go missing so that they may be safely returned. Should you wish to transfer their microchip registration to yourself upon adoption, please email us at microchips@pbj.org for instructions.
4. **Veterinary Care:** I will take my PBJ dog(s) to a licensed veterinarian **when vaccination updates are next due** or sooner if illness or injury occurs, and for **annual wellness exams every year** thereafter.
5. I am adopting my PBJ dog(s) for myself, and will not sell, trade, or give my PBJ dog(s) away, nor will I abandon my PBJ dog(s) or surrender them to a shelter or rescue other than PBJ. **If at any time I can no longer care for or keep my PBJ dog(s), I agree to contact PBJ immediately to arrange for their return.**
6. I understand that PBJ does not place in any home any animal that is known to be sick or injured unless the condition is fully disclosed to the adopter. Despite the best efforts of PBJ to screen for medical conditions, I acknowledge that my PBJ dog(s) may have illness, injury, disability or other conditions that PBJ is unaware of, including illness/parasites/conditions that could be transmissible to humans or other pets. **I agree to take this risk on behalf of myself, my family, my pets, and anyone else who comes in contact with my PBJ dog(s) in order to help PBJ save lives.**
7. I agree to permit a PBJ representative to examine or make an inquiry about the above conditions and requirements after the adoption. This includes scheduling a visit to the adopter's home and/or contacting their veterinarian.
8. I agree to accept possession of my PBJ dog(s) at my own risk, and release PBJ from any and all liability arising out of possession of my PBJ dog(s), to include veterinary expenses incurred after finalizing the adoption.
9. (If not already spayed/neutered) I agree to have my PBJ dog spay/neutered and rabies vaccinated with proof sent to PBJ by _____ at the address above or via email to my rescue coordinator.
10. I understand that failure to comply with the above provisions will result in forfeiture of my PBJ dog(s) to Pets Bring Joy.

YOUR NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

NON-REFUNDABLE ADOPTION FEE: \$ _____ Payable online via debit/credit card: pbj.org/v2/fee.html

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

PHONE: _____ EMAIL: _____

YOUR SIGNATURE: _____ DATE: _____

CHECK HERE IF SIGNED DIGITALLY: I hereby verify that I have digitally signed this document.