

PAWS[®]
CHICAGO
PETS ARE WORTH SAVING

DOG ADOPTION AGREEMENT



Date: 7/15/2020 Dog Name: Seamus Microchip#: _____

1. I hereby understand and agree that PAWS Chicago (hereinafter "PAWS") makes no representations or warranties, expressed or implied, about the dog's health and/or temperament. PAWS is hereby absolved from any liability for future damages or injuries caused by said dog to property, person or other pets and shall not be held liable for any expenses, including medical, that may be incurred after the animal goes home.
2. I agree to hold the dog in the highest regard as a member of my family, and to provide the dog with proper care, wholesome food, water, shelter, medical attention, socialization, love, and affection.
3. I understand that all PAWS dogs are neutered/spayed prior to a finalized adoption. If the dog has not yet been spayed/neutered at the time of adoption, I understand that there are risks associated with surgical procedures.
4. I will not at any time abandon or give up my adopted dog to any organization or individual other than PAWS without prior written approval from PAWS. If at any time for any reason I cannot keep my adopted dog I will contact PAWS to be advised of the next steps. If I return the dog, I will be responsible for providing transportation back to PAWS.
5. As part of the counseling process, a PAWS Chicago representative has walked me through the dog's medical and behavioral files. I have been provided the opportunity to review these files and I am adopting, fully understanding and accepting the information that is contained in these files.
6. I agree to provide veterinary medical care such as yearly wellness exams, recommended medical treatments, heartworm prevention, flea & tick prevention, blood tests, dentals, etc. for the life of the dog. I also agree to provide professional veterinary care to alleviate suffering or illness on the part of my adopted dog. I will take my dog to a vet for a check-up within 14 days of taking him/her home. I understand that VCA Animal Hospital will provide complimentary veterinary services as listed on the adoption certificate if I schedule an appointment for my dog to be seen within 14 days of taking the animal home. I understand that if I decide not to exercise this option, all medical costs are my responsibility.
7. I agree that if PAWS finds this contract is being violated or that the dog is not being cared for properly, PAWS has the right to reclaim the dog and the adopter will surrender the dog on demand and make no further claims against PAWS. Such actions by PAWS will not be considered as trespass and no money shall be refunded. I further agree to return follow-up calls and/or emails about my adopted PAWS dog. I understand that unresponsiveness could result in PAWS enforcing its right to reclaim my adopted PAWS dog.
8. I understand that I am adopting this dog as a permanent member of my household and the dog shall reside in my home. The dog will not be kept outdoors, in a doghouse, on an outdoor porch, or on a chain.
9. I understand the risk of dog theft and will not leave my dog unattended unless within the confines of my home. I agree to contact PAWS immediately in the event of the loss or theft of my adopted dog. I also agree to initiate a search for my lost or stolen adopted dog. I will keep the adopted dog within the safe confines of my home unless on a hand-held leash, in a carrier or other securely enclosed area.
10. I will not physically alter my adopted dog through elective surgery such as tail docking, ear cropping, or debarking.
11. I agree to enroll and complete an obedience class with my dog within 4 months of adoption. I will provide PAWS with proof that my dog attended and passed the class. Upon receiving proof, PAWS will reimburse me \$100 of the fee I paid at the time of adoption, so long as I complete the class at the PAWS Chicago Training Center through an in-person or virtual training class. Reimbursements of the Training Fee Deposit will not be processed for completing a positive reinforcement training class through a non-PAWS Chicago training facility.
12. I understand and agree to the following:
 - The adoption fee submitted with this contract will be processed the day the animal goes home.
 - PAWS will contact me within two weeks for routine follow-up.

- If I return the dog within the first 14 days of adoption, the full adoption fee will be refunded upon return of the animal. In this case, I am responsible for bringing the dog back to PAWS at an arranged time.
- I am responsible for all expenses, including medical, which may be incurred when the dog goes home.
- That no one in my household has been counseled for anger management and/or convicted of animal abuse or domestic violence, including myself. If so, please explain on the reverse side of this document.

13. If I rent or live in a condo, I have checked with my building management or condo association regarding pet restrictions and I am allowed to have a dog or puppy of the breed, size and number I am adopting.
14. The information I have provided PAWS is truthful and accurate. I hereby authorize PAWS to use my photograph in newsletters, websites or any other PAWS print.
15. Should it become necessary for PAWS to take action to recover an adopted dog, or otherwise enforce the provisions of this adoption agreement, the undersigned adopter(s) agree to pay all costs, fees and expenses, including attorney's fees, incurred by PAWS.
16. Merrick Pet Care provides food for PAWS for all of their shelter animals through their Shelter Feeding Program. If you do not wish for your information to be forwarded to Merrick Pet Care for future promotions and information please initial here: _____

By adopting from PAWS Chicago I agree to utilize positive reinforcement training. I have discussed the importance of positive reinforcement training and understand that consistent application and reinforcement achieves behavior modification with the least amount of stress placed on the animal.

PAWS Chicago does not support the use of aversive methods of training (e.g., prong collars, shock collars, physical punishment, etc.) or any method that causes your pet anxiety and / or physical discomfort. Use of adverse or non-positive training inhibits learning and can result in undesired behaviors and increases risk of injury to animals and people interacting with animals.

In the event that any trainer recommends any method of training other than positive reinforcement training, I agree that I will schedule a free consult with the PAWS Chicago Behavior Team before beginning such training protocols. Failure to do this may result in a dog that is not safe around people or other animals.

Should I have questions regarding training my dog, I will call PAWS Chicago and discuss with a member of the Canine Behavior Team.

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND AGREE TO ALL THE COVENANTS, TERMS AND CONDITIONS CONTAINED ON THE FRONT AND BACK OF THIS FORM.

Date: 7/15/2020

Print Name: Sarah Van Wart

Signature: *Sarah Van Wart*

Address: 1810 Madison St.

Phone: 423-202-4000

Driver's License No.: V563-7907-7704

Employer: _____

Employers Address: _____

Employer's Phone: _____

City/State/Zip: Evanston, IL 60202

Email: vanwars@gmail.com

Position Held: _____

City/State/Zip: _____

Email: _____

Name of PAWS Representative: Stephen Leckes

Signature of PAWS Representative: *Stephen Leckes*

Location: LDAC

PAWS Chicago

North Shore Adoption Center
1616 Deerfield, Highland Park, IL 60035
224.707.1190
AW License # 11367

Lincoln Park Adoption Center
1997 N. Clybourn, Chicago, IL 60614
773.935.PAWS (7297)
AW License # 13181

Lurie Clinic & Medical Center
3516 W 26th Street, Chicago, IL 60623
773.521.SPAY (7729)
AW License # 10094

DISCLOSURES – CANINE

Date Received: 06/18/2020 Name: Seamus ID#: 66568
Source: Shelby Humane Society Sex (Arrival): M Weight: 13 lb 2 oz
Breed: Terrier mix Color: chocolate / white
Age (Est): 5m 19d Date of Birth: Location # (AC):
Micro Chip#: 982091061373007 Spay / Neuter Date: 6/21/20

This Animal

Reason:

Inoculations and Treatments of this Animal since Time of Arrival: (See file for return information)

Vaccines / Inoculations	Product	Date	Diagnostic Testing	Date	Result
▫ Rabies (3-4mths)	Zoetis, Defensor® 1		▫ HEARTWORM	7/15/20	(+/-)
PUPPY*					
▫ Distemper (DA2PP) 1 st	Zoetis, Vanguard® Plus 5		▫ PARVO		(+/-)
▫ Distemper (DA2PPL) 2 nd (2-3 weeks later)	Zoetis, Vanguard® Plus 5 L4	6/18/20	▫ FECAL	7/15/20 6/25/20	(+/-)
▫ Distemper (DA2PPL) 3 rd (2-3 weeks later)	Zoetis, Vanguard® Plus 5 L4	7/2/20	▫ OTHER fecal	7/19/20	(-)
ADULT**					
▫ Distemper (DA2PPL) 1 st	Zoetis, Vanguard® Plus 5 L4				
▫ Distemper (DA2PPL) 2 nd (2-3 weeks later)	Zoetis, Vanguard® Plus 5 L4		▫ Zoetis, Vanguard® CIV H3N2 1 st	6/18/20	
PUPPY / ADULT			▫ Zoetis, Vanguard® CIV H3N2 2 nd	7/2/20	
▫ Bordetella	Zoetis, Vanguard® B				

* Puppy (16 weeks of age or less upon of 1st Vaccination) ** Adult (16 weeks of age or greater upon 1st Vaccination)

Deworming / Medications	Product / Dosage	Date	Product / Dosage	Date
▫ Deworming 1 st :	Pyrantel 1.3 (#ml)	6/18/20	Praziquantel (#ml)	
▫ Deworming 2 nd :	Pyrantel 1.6 (#ml)	7/2/20		
▫ Flea/Heartworm Treatment	Revolution	6/18/20		
▫ Medications	See medical file			

Additional Information: See File

Remarks: A copy of the medical records is provided to the adopter prior to adoption. These records include the exams and notes, the diagnosis, the treatments, the testing, and the surgical procedures that were performed on the animal. Within 14 days of adoption date, the Adopter will take the Animal and the medical records to a local VCA. VCA will perform a complimentary wellness check and review the medical file.

Adoption Fee: \$ 450 Additional Fee: \$ 0

The Adopter has 14 Days from the Foster to Adopt Date to return the Animal for any reason for a full refund of the Adoption Fee. A copy of our policy regarding warranties, refunds, or returns is available upon request.

ACKNOWLEDGEMENT OF DISCLOSURE

I hereby attest that all of the above information is true and correct to the best of my knowledge.

(Shelter / AC) Staff: Stephen Lederer Signature Date 7/15/2020

I hereby attest that this disclosure was posted on or near the cage of the dog for adoption and that I have read all the disclosures. I further understand that I am entitled to keep a signed copy of this disclosure. I have received a copy of the animal medical records.

Adopter: Sarah Van Wart Signature Date 7/15/2020

