

SUNBURST FOUNDATION OF WILMINGTON, INC
PO BOX 7527
WILMINGTON, NC 28406
CELL 910-622-0011
sunburstfoundation@gmail.com

ADOPTION AGREEMENT

ADOPTER

Name: _____
Street Address: _____
City/State/Zip: _____
Driver's License #: _____ State of Issue: _____
(Driver's license identification must be provided and a minimum of 2 phone).
Phone: home _____ work _____ other _____
Employer: _____ Length of employed _____
Own Home: Y/N Rent: Y/N #of months/years at current residence: _____
Expiration date of lease: _____ Pets allowed: Y/N
Name of the animal that you previously/presently have under vet care and name of the vet: _____

ANIMAL ADOPTED

Breed: _____ Color: _____ Sex: M/F Neutered/Spayed
Age: _____ Name: _____
Date into shelter: _____ Circumstances: _____
Rabies vaccination given: _____ 1 or 3 year Tag # _____ Vet: _____
Heartworm test given: _____ Positive/Negative
Heartworm treatment given: _____ & _____
Follow up heartworm check due: _____

Heartgard Plus/Interceptor heartworm prevention last given: _____

*****You will need to get your pet to your personal veterinarian before the next due date for the heartworm preventative. Next heartworm prevention due: _____

Adopter agrees to the following terms:

Please read and initial:

Housing for puppy/dog

____ I have a fenced yard (all 4 sides) height 4' 5' 6'

____ I plan on providing fenced yard by date: _____

____ At NO TIME will my dog be left outside unattended or left out when I am not home

____ I understand that at NO TIME will the dog be chained, tied or put on a run

I understand that at NO TIME will the dog run loose without my supervision

I understand what heartworm disease is

I understand that I am fully responsible for the health of my pet

I understand that Distemper/Parvo prevention requires vaccinations as per recommendation of a vet

I understand that the first rabies vaccination is a 1 year vaccination and the following is a 3 year vaccination

I will provide monthly heartworm prevention for the rest of the life of my dog

Any health condition (known by Sunburst Foundation) of the pet I am adopting has been explained to me

I have had the flea/tick control methods explained to me and I am fully responsible for maintaining flea/tick prevention

I am aware of the long-term financial responsibility for the proper care of this animal

I will under NO CIRCUMSTANCES give this animal to another person or take this animal to another shelter or sell this animal to a laboratory

If I no longer will be living in this area and cannot keep this animal, I MUST contact Sunburst Foundation for advice

I have been provided the “Addendum to Adoption Agreement-New Owner information” and will comply with all requirements

As adopting party, I agree to all the above requirements. I understand that the Sunburst Foundation cannot guarantee the health, temperament, or training of the adopted animal and thereby releases Sunburst Foundation from any claim, cause of action or liability for any injury or damage to persons or property once the animal is in my possession.

I understand that the adoption agreement constitutes a legal contract and is nontransferable. If in Sunburst Foundation’s judgment, the animal is subjected to mistreatment of any kind, or the conditions of this agreement are violated, or false information provided, Sunburst Foundation may repossess the animal at any time or take the appropriate legal action to protect the adopted animal and that I will be responsible for all court costs. In addition, I agree to allow the Sunburst Foundation contact my veterinarian at any time to check on the appropriateness of medical care, ie heartworm prevention, vaccinations, etc....

Signature of new owner & date Sunburst Foundation