



Leash of Life rescue Adoption Contract

Name:

Address (incl. postcode):

Telephone:

Mobile:

Email:

Dog's name.

Approx age: /date of birth

Sex:

Microchip number:

Date of Implant:

Passport number:

Spayed/Neutered?

DECLARATION: In consideration of receiving from Leash of Life, one dog of the above description, which is without warrant, I of the above name and address hereby undertake with Leash of Life; hereinafter abbreviated as LoL that: I AGREE not to part with possession of the dog, but to contact LoL for advice regarding re-homing the dog if, for any reason, I am unable to keep the dog. LoL will seek an alternative home for the dog.

I AGREE NOT TO HAVE THE DOG EUTHANISED (unless due to a medical emergency or a severe medical condition which affects the dogs quality of life, for which prior consultation must be made with LoL). I AGREE that the dog, if not already done, will be spayed or neutered when old enough, and will not be used for breeding. I AGREE to provide qualified veterinary treatment in the case of illness or injury. I AGREE to abide by all the requirements of UK law relating to dogs. To ensure the dog has a tag on the collar containing the owner's details at all times. I UNDERSTAND and accept that the microchip will be registered to LoL as well as me. I AGREE to notify LoL, the local authority and the police immediately should the dog become lost or missing. I AGREE and understand that whilst LoL gives as much information as possible, a full and complete history of the dog may not be available, therefore the temperament, behaviour or health of a dog cannot be guaranteed. I CONFIRM that I am over 18 years of age. I acknowledge that LoL has RECOMMENDED THAT I TAKE OUT PET INSURANCE FOR THE NEW DOG. I AGREE that LoL has the right to remove the dog, if it is felt the dog is not being cared for correctly. I AGREE that I have been made fully aware of all responsibilities, which I freely enter into on the signing of this agreement.

THIS IS A LEGALLY BINDING CONTRACT BETWEEN YOU AND LEASH OF LIFE RESCUE.

PLEASE CHECK THIS BOX TO CONFIRM YOUR AGREEMENT. []

Signed:

Print name:

Date:

Amount paid:

Received by (to be completed by LoL)

Date (to be completed by LoL)