Houston Sheltie Sanctuary, Inc. Rescue Program

Final Adoption Agreement

www.houstonsheltiesanctuary.com
Houston Sheltie Sanctuary, Inc.
PO Box 840235
Houston, TX 77284-0235
Sheltie Line: (281)859-0146

Dog's Name: ______________________________ Age: __________ Sex: M / F

Purebred: ______ Mix: ______

Color/Markings: _______________________________________

HSS No.: ________________

This is an agreement between ____________________________________ and the
Houston Sheltie Sanctuary, Inc. Rescue Program. In consideration of an Adoption Donation due
upon transfer of the dog of $375 for adult age 1-9; $250.00 for adult age 10+; $475.00 for puppy
under one year old to the Houston Sheltie Sanctuary, Inc. Rescue Program, the Sheltie described
above is hereby transferred to his or her new owner(s).

1. It is agreed and understood by the adopter that this dog is being acquired as a pet and
companion and will not be used for attack training or medical experiments, will not be
continuously confined or tied/chained outdoors, will not be allowed to run loose so as to
create a public nuisance and danger to himself, will not be neglected or abused, will not
have a shock collar used on him or her, but will have reward-based obedience training
methods used only.

2. The adopter agrees to keep the dog on heartworm and flea preventative, keep all
vaccinations current, and provide reasonable and expected care such as food, shelter, and
companionship. The adopter understands the adopted Sheltie has been given all
immediate medical care by HSS and agrees to assume any future necessary medical care
for the dog after adoption. If your dog had HW disease and successfully completed
treatment or even if the dog tested heartworm negative in our program, have a second test
done 4-6 months after adoption to make sure. Our Shelties are to be kept indoors except
for exercise and elimination. If licensing is required in your area, the adopter will register
this dog with the appropriate agency. To help protect against the dog's loss, the adopter
also agrees to keep our HSS tag on the dog's collar and to provide a personal ID tag.

3. The adopter agrees that this dog will not be sold, given away, destroyed, or otherwise
disposed of. If at any time in the life of the dog the match does not work, or the dog must
be relinquished, then the adoptive home returns the Sheltie to Houston Sheltie Sanctuary,
Inc. Rescue Program. Under no circumstances, may the dog be transferred to another party. If one of our adopted Shelties is being considered for euthanization by the family and their vet for any reason, Houston Sheltie Sanctuary, Inc. Rescue Program must be contacted. If the adoptive home violates ANY section of the Program Description, the Adoption Application, or the Final Adoption Agreement, Houston Sheltie Sanctuary, Inc. Rescue Program will take legal steps to reclaim the dog.

4. The adopter agrees to release the Houston Sheltie Sanctuary, Inc. Rescue Program and officers from any and all liability or responsibility in connection with this dog once the adoption is finalized below.

5. The adopter understands that Houston Sheltie Sanctuary, Inc. Rescue Program loves our rescued Shelties, will always be interested in our adopted dogs and their families, may at any time inquire about the welfare of the adopted Sheltie during the life of my dog, and that I will respond in a timely fashion. I will also provide the coordinators with new e-mail addresses and changed home addresses and phone numbers as they occur, as well as annual updates (and pictures if possible) about how my Sheltie is doing in his/her new home.

6. There will be a $25.00 charge on all returned checks submitted by the adopter. If the check is not covered, our Sheltie will be relinquished to Houston Sheltie Sanctuary.

Signing this agreement indicates all parties have read, understood, and agreed to its conditions.

ADOPTER:

Name:___________________________________________ Home Phone: ________________

Address: __________________________________________________________

Signature:_______________________________________ Date: ______________________

Email address: ________________________________________________________________

Name and Phone Number of Nearest Relative:

___________________________________________________________________________

HSS RESCUE OFFICERS:

Linda Parlapiano
Connie Goedecke
Maribeth Pixley
Jenny Poti

HSS Coordinator's Signature: ________________________________ Date: ______________