

Date Received:
By Whom:



Soft Coated Wheaten Terrier Club of Northern California

BREED RESCUE

Placement Agreement

Dog's Name _____	Date _____
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered	Approximate Age _____ AKC# _____
Microchip # & Registry _____	

I/We, _____, agree to adopt the dog named and described above from Soft Coated Wheaten Terrier Club of Northern California Rescue, and to abide by the following conditions.

This dog is a *rescue dog*. SCWTCNC believes that it is a purebred Soft Coated Wheaten Terrier, but may or may not have an AKC Registration Certificate for this dog. SCWTCNC, therefore, can make no representation as to whether or not this dog is a purebred Soft Coated Wheaten Terrier.

1. I/We understand this dog has an anticipated life span of 12-14 years, and agree to commit myself/ourselves to its health, happiness, comfort, and well-being for the rest of its life.
2. I/We understand that SCWTCNC has no information concerning this dog or the conditions under which the dog previously lived, other than what was provided by the prior owner/care taker. No representations concerning this dog, except as contained in this contract have been made to me.
3. I/We understand that this dog is spayed or is neutered and, therefore, cannot give birth or father puppies.
4. As the adopter of this dog, I/we agree to take this dog at my/our own expense to a licensed veterinarian for a thorough health exam within 48 hours from the time of adoption. I/We understand that the dog cannot be returned for a refund for any health problems disclosed below. Known existing health problems at time of adoption are listed here:

5. The dog will receive routine medical care by a qualified veterinarian for the life of the dog. This includes rabies shots, annual distemper and parvo shots (DHLP), and annual heartworm check and medication. The dog will be taken to a veterinarian whenever ill or injured. I will provide SCWTCNC Rescue with the name, address and telephone number of the dog's veterinarian. I understand that SCWTCNC Rescue may wish to contact this veterinarian to check on the dog's veterinary maintenance, and I give SCWTCNC Rescue my permission to do this.
6. The dog will be given daily exercise, either in a fenced area or on a leash.
7. The dog will never be left tied up, chained, or allowed to roam unattended. I/We agree to take all necessary and appropriate steps to keep the dog safely confined in an adequately fenced area and always on a leash when out of the yard.
8. The dog will always wear an identification tag with my/our telephone number on it and its current license registration tag issued by the county, city, state, town or other rabies regulatory body where I/We reside.
9. I/We agree to notify SCWTCNC Rescue if there is a change in my/our home address or telephone number.
10. In the event the dog is ever lost, I/We will make every effort to locate it, including placing ads in local papers and regularly checking animal shelters and Lost Pet Services. I/We will also contact SCWTCNC Rescue immediately so they can assist in trying to locate the dog.

11. I/We will agree to allow SCWTCNC Rescue to check on the dog in its new home to ascertain that all of the above conditions are being met. If, in the opinion of SCWTCNC Rescue, there is a breach of any conditions, or there is other evidence of just cause to do so, SCWTCNC Rescue has the right to immediately reclaim the dog without reimbursement of any funds.
12. If for any reason I/We cannot keep the dog, SCWTCNC Rescue will be notified IMMEDIATELY. UNDER NO CIRCUMSTANCES WILL THE DOG BE TAKEN TO AN ANIMAL SHELTER OR GIVEN OR SOLD TO ANOTHER PARTY. I/We understand SCWTCNC Rescue reserves the right to reclaim the dog pending its replacement in another home approved by SCWTCNC, and that if this is necessary after the first 30 days, all adoption fees are forfeited in the interest of finding the dog a good, permanent home.
13. I/We agree that the information contained in the Adoption Application is still true and correct, and that any breach of the Adoption Application shall constitute a breach of this Placement Agreement.
14. I/We understand that upon breach of this contract, the dog will immediately be returned to SCWTCNC Rescue and that all of my/our rights to the dog shall cease immediately. Further, SCWTCNC retains the right to seek damages for obtaining the return of the dog, for placing or euthanizing the dog, and for reasonable attorney's fees and costs

I hereby certify that all the information contained on this form is true and correct. I agree to keep this Soft Coated Wheaten Terrier exclusively as a pet and not for research. I accept full responsibility for his/her care, releasing the owner, as well as the Soft Coated Wheaten Terrier Club of Northern California and its representatives, of any liability concerning this Wheaten.

Signature

Date

Printed Name

Address

City State Zip

Phone (day)

Phone (evening)

Fax

Email Address

NOTES

1. The adoption fee is \$400 for Wheatens 5 years of age or younger and \$200 for Wheatens older than 5 years. The adoption fee is due on receipt of the Placement Agreement.
2. Please make check payable to SCWTCNC RESCUE.
3. SCWTCNC Rescue is funded entirely through private donations and adoption fees.

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