Placement Contract

This contract, entered into on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ by and between Mal-Ffuntions Rescue (herein referred to as MR) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (herein referred to Adopter) concerns the adoption of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a former DoD MWD Breeding Program Dog (herein referred to as Dog). That for and in consideration of the mutual promises contained and the covenants, conditions and terms here, including the adoption fee, the parties agree as follows:

\_\_\_\_Adopter understands that MR does not guarantee the health, temperament, or training of this Dog. I agree to accept responsibility for and ownership of this Dog at my sole risk. In consideration of this transfer, I further agree to indemnify, defend, and hold harmless the Mal-Ffunctions Rescue, to the fullest extent permitted by applicable law, from and against any and all claims, demands, actions, suits, losses, costs, charges, expenses, damages and liabilities related to Dog whatsoever.

\_\_\_\_ Adopter agrees to keep the Dog, and agrees to obey any and all animal regulations governing the area in which the Dog lives and I own my home or have permission from my landlord to adopt this Dog.

\_\_\_\_ Adopter agrees to provide responsible, humane care of the above-mentioned Dog including proper veterinary care -recommended and/or legally required vaccinations, and a monthly heartworm preventative fresh food and water, shelter in a safe, secure, sanitary environment protected from the elements,.

 \_\_\_\_I, the Adopter, attest I am financially able to care of this Dog, understanding that proper food, veterinary care and other necessities can be costly and that I can meet these requirements. I further agree to provide the Dog with prompt veterinary care if it becomes ill or injured. I agree that all veterinary expenses incurred after I adopt this animal are my responsibility and that I will NOT be reimbursed by MR for any such expenses

\_\_\_\_Adopter is aware that Dogs from the MWD program may have received Military Aggressiveness (patrol) Training

and having such knowledge, and as a condition of being the recipient or adopter of this Dog, I freely and voluntarily accept all risks and consequences of the future conduct and acts of the Dog.

\_\_\_\_Adopter agrees that this Dog will not be used for any illegal purpose, and it will not be promoted as a DoD Trained Military Working Dog. Failure to abide by the adoption policies listed herein shall permit MR to take possession or ownership of this Dog.

\_\_\_\_I, the Adopter, attest that I am physically able to provide the level of daily exercise required by a working Dog breed and acknowledge that inadequate physical exercise may lead to destructive behavior. I agree to seek assistance from a qualified training facility immediately if the Dog displays behavior problems.

\_\_\_\_I, the Adopter, agree to not to give away, sell or trade this animal, nor will I take this Dog to a shelter or otherwise abandon it. I agree to contact Mal-Ffuntions Rescue immediately if I can no longer care for or keep this Dog and further agree to allow MR to take the Dog back into its care at such time. The adoption donation is NON-REFUNDABLE even if the animal is returned to MR and MR is adopting, not selling this Dog to me.

\_\_\_\_I, the Adopter, understand that this breed of Dog is known to have a high prey drive. Careful consideration and controls should be taken if it is to be homed with small animals. MR accepts no risk for injury to other animals, persons, or property by this Dog.

\_\_\_\_ I have been provided with any available medical and /or behavioral records for this Dog.

EXISTING BEHAVIORAL & MEDICAL ISSUES (If applicable – please initial )

\_\_\_The following Behavioral issues have been explained to me:

\_\_\_The following Medical issues have been explained to me:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers License or ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address where Dog will be living:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animal ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spayed/Neutered \_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Donation Amount: ­ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that by voluntarily signing this Placement Contract, I am entering into a legal and binding contract with Mal-Ffunctions. I have read and fully understand the terms of this Placement Contract and agree to abide by the terms herein. I agree and understand that neither Mal-Ffunctions Rescue or the Foster is liable to me or any other party for any claims, legal actions, injuries, losses, damages, costs, expenses, liabilities, lawsuits or judgments, personal or property, whatsoever in connection with my Placement or ownership of this animal.**

**Signature of Adopter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**