



WHEATENS IN NEED

Rescue Organization

WHEATEN PLACEMENT AGREEMENT

DOG'S NAME _____ DATE _____

SEX _____ NEUTERED/SPAYED _____ AGE/WHELPING DATE _____

AKC REGISTERED _____

This Dog is a "Rescue Dog". WIN believes that it is a purebred Soft Coated Wheaten Terrier, but may or may not have an AKC Registration Certification for this dog. Therefore, WIN can make no representation as to if this Dog is a purebred Soft Coated Wheaten Terrier.

I/We understand that this is a "Rescue Dog". I/We understand that WIN has no information concerning this Dog or the conditions under which he previously lived other than what was provided by the prior owner/caretaker. No representations concerning this Dog, except as contained in this contract or its attachments; have been made to me.

Known existing health problems at time of adoption are as follows: _____

I/We agree to adopt the Dog named and described above from Wheatens In Need Rescue, and to abide by the following conditions:

1. The Dog is being adopted as a FAMILY PET, and will not be confined permanently to a utility room, bathroom, or other small space. The dog should be crated (no longer that 8 hours) during my/our absence if deemed necessary. _____
2. AT NO TIME WILL THIS DOG BE USED FOR ANY EXPERIMENTAL OR TEST PURPOSES. _____
3. I/We will provide the Dog with a fenced area in which to play and to relieve itself. A 5/6 foot privacy fence is recommended. If an invisible/electric fence is used, an adult must always be in the area with the dog. The invisible fence cannot



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prevent other predators from coming into the dog's area and a Wheaten will more than likely break the electric barrier. _____

4. The Dog will be given daily exercise, either in a fenced area or by walking on a leash. **At no time will the dog be off lead when out of a secure area.**

5. The Dog will never be left tied up or chained, or knowingly allowed to roam. I/We agree to take all necessary and appropriate steps to keep the Dog safe.

6. The Dog WILL ALWAYS WEAR, an identification tag with the owner's telephone number on it, in addition to its current license registration tag issued by the county, state, city, town or other rabies regulatory body where I/we reside.

7. The Dog will receive medical care by a qualified veterinary, including annual check-up, fecal, heartworm check and medication, distemper, parvo (DHLP), and rabies shots whenever due, for the life of the Dog. The Dog will be taken to a veterinarian whenever ill or injured. I will provide WIN Rescue with the name, address, and telephone number of the Dog's veterinarian. I understand that WIN Rescue may wish to contact this veterinarian to check on the Dog's veterinary maintenance, and I give WIN Rescue my permission to do this. _____
8. If somehow this Wheaten happens to escape, WIN will be notified immediately.

If for any reason I/we cannot keep the Dog, WIN Rescue will be notified IMMEDIATELY. UNDER NO CIRCUMSTANCES WILL THE DOG BE TAKEN TO AN ANIMAL SHELTER. NEITHER WILL IT BE GIVEN OR SOLD TO ANOTHER PARTY. If this is necessary after the first 30 days, all adoption fees are forfeited. _____

I/We agree that the information contained in the Application for Adoption is still true and correct and that any breach of the application shall constitute a breach of the Agreement.

I/We understand that upon breach of the contract, the Dog will immediately be returned to WIN and that all rights shall cease immediately. Further, WIN retains the right to seek damages for obtaining the return of the Dog, for placing/euthanizing the Dog and for reasonable attorney's fees and costs, should legal representation be required. _____



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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. I ACCEPT FULL RESPONSIBILITY FOR HIS/HER CARE, RELEASING THE OWNER, AS WELL AS WHEATENS IN NEED AND ITS REPRESENTATIVES, OF ANY LIABILITY CONCERNING THIS WHEATEN.

Agreed to by: _____

Signature

Printed Name: _____

Address: _____

City

State

Zip

Business Telephone: _____ Residence Telephone _____

You will be advised about the amount of the adoption fee by a WIN volunteer. The adoption fee is due upon your acceptance of this Placement Agreement.

**Please make checks payable to Wheatens In Need (a 501c-3) non-profit corporation.
Mail to Gwen Arthur 29211 Blue Finch Ct. Katy, Texas 77494
Cell 713-906-6048**