

## **Bay of Islands Animal Rescue**

09 889 8084 021 022 06951 021 261 8552 contact@boianimalrescue.org.nz

## **Adoption Contract**

Reg Tag No......Microchip.......Microchip.....

ļ,			of				
Phone:	ne: Email			accept full responsibility for the legal ownership, & well-being of :			
(Animals Name)				Breed	Female/Male	Age	
Colour	from	1	20				
l accept full responsit Dog Control Act 1996					bide by all relevant laws ony trial period.	f New Zealand including	g local bylaws, the
In particular I understar needed, and that I com				proper and sufficien	it food, water, shelter, vaccin	ations, registration and v	eterinary treatment if
l agree to allow a Bay o	of Islands Ani				ses at any reasonable time to Bay of Islands Animal Resco		
any time should they fir	nd in their sol					de retains the right to rem	ove the animal at
l understand that I take question with full refund					e animal to Bay of Islands Ar ption.	nimal Rescue at the end o	of that period without
l acknowledge that ev Act.	en during th	e trial pe	riod I take on f	ull legal responsik	oility for the animal in rega	irds to local bylaws and	the Animal Control
	obligation) to				ree to notify Bay of Islands A the two week trial period, I w		
	ne animal, ho	wsoever	arising. Further,		eneral good health of the ani m against Bay of Islands An		
	egistered wi	th the ap	propriate Cour		of adoption.l understand the or property	nat Bay of Islands Animal	Rescue does not
Signed			by	new owner			
Spayed/Neut	ered - Date: <sub>-</sub>		Vet Clinic_			_Phone	
Date to be de	e-sexed by	/	/ 20 Plea	ase provide proof of	f desexing		
Adoption Fee	\$						
Donation:	\$						
Amount Paid:	\$						
Signed:			Date:	/ / 20			