



Southern States Mastiff Rescue

AL, FL, GA, MS, NC, SC, TN, VA
WWW.SOSMASTIFFRESCUE.ORG

Send to State Coordinator
Scan and email to jbowers@iconengineering.net

ADOPTION CONTRACT

A legal and binding document between:

Full Legal Name

Street Address

City

State

Zip

Home Telephone

Cell Phone

Work Phone

Email Address

and

Southern States Mastiff Fanciers Charitable Trust DBA Southern States Mastiff Rescue
P. O. Box 690944
Orlando, FL 32869
Concerning the Mastiff

Name

SSMR ID #

Color

Sex

Male

Female

Age

Weight

Altered

Yes No

Microchip Type

Microchip Number

Date of Adoption

I the undersigned agree to the following:

- In consideration, mutually acknowledged, for receiving from Southern States Mastiff Rescue the Mastiff described above, I agree that I own this animal from this date forward, and will provide all proper and necessary care and treatment including, but not limited to, nourishment and shelter, humane treatment and veterinary care. I also agree to maintain a current license on said Mastiff in accordance with the laws and ordinances of the jurisdiction in which I reside.
- It is understood I am 18 years of age or older and I am adopting this mastiff as my own companion animal. I will not give it as a gift, resell it, or use it for breeding, vivisection, use as a guard dog or as a food animal or for any experimental purposes.
- To abide by all State Laws and Municipal Ordinances controlling animals.



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SSMR Mastiff ID # _____

- I understand if I have misrepresented myself, adoption fees are not collectible, or if I have adopted the mastiff under false pretenses, SSMR may reclaim this mastiff and I will be responsible for all costs associated with this return, including, but not limited to transportation costs; veterinary costs; and any attorney's fees. All adoption fees associated with the adoption shall be non-refundable. I shall notify SSMR of any change of address.
- It is understood I may return this mastiff for an exchange or refund within ten (10) days for a previously undiagnosed health reason verified in writing by a licensed veterinarian. Refunds will be mailed within 30 days of SSMR's physical recovery of the animal.
- SSMR does not reimburse for veterinary bills after adoption.
 - (Exception: Any medical costs normally paid for by SSMR that could not be performed prior to adoption due to the health of the animal, i.e. spaying or neutering. Any costs must be approved by a Trustee prior to the expense and approved costs will be reimbursed only when a paid receipt for those approved expenses is presented.
- If the mastiff is an unaltered dog, I agree to have it spayed or neutered by a licensed veterinarian by (date)_____ and have written verification of the procedure sent to SSMR. If the procedure cannot yet be completed without risk to the animal's health I will provide SSMR with a written veterinarians statement attesting to when the procedure can be performed.
- I understand and agree that SSMR makes no express or implied warranty, representation or promise relating to my ability to obtain or maintain insurance for any personal injury or property damaged caused by the animal. I understand that such liability insurance may be unavailable or denied.
- I understand and agree that SSMR makes no express or implied warranty, representation or promise as to the age, health, habits, disposition or safety of the animal. I do hereby, fully and forever release, acquit and discharge SSMR their insurer's and agents (collectively the "Released Parties"), from any and all manner of actions, suits, debts, claims, liabilities, controversies, damages, cost, expenses, attorneys' fees, and demands of any nature whatsoever, whether compensatory or punitive in nature, including, but not limited to any liability for personal injury or property damage caused by the animal to another animal or person. I further promise and agree to indemnify the Released Parties against any and all liability incurred by the Released Parties, including, but not limited to, all judgments, settlements, penalties, forfeitures, fines, costs, expenses and attorneys' fee, that arise out of or relate to my adoption or ownership of the animal.



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- I understand and agree to any special instructions or the following diagnosed condition or fault SSMR volunteer has listed below.

I have read the above and by affixing my signature below, agree to abide by the provisions of this contract. Upon my signature the Mastiff becomes the sole property of the signatory.

SSMR SHOULD BE NOTIFIED OF ANY CHANGE IN STATUS OF THIS MASTIFF.

Adopter Print Name _____

Signature of Adopter _____

Amount Donated _____

Date _____

Telephone # _____

Cell Phone _____

E-Mail Address _____

SSMR Volunteer Name Printed _____ Signature _____

Dated _____

SSMR State Coordinator Signature _____



Additional Comments: _____



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SSMR Mastiff ID # _____

Hold Harmless Clause—this section requires a separate signature.

I understand and agree that SSMR makes no express or implied warranty, representation or promise relating to my ability to obtain or maintain insurance for any personal injury or property damaged caused by the animal. I understand that such liability insurance may be unavailable or denied.

I understand and agree that SSMR makes no express or implied warranty, representation or promise as to the age, health, habits, disposition or safety of the animal. I do hereby, fully and forever release, acquit and discharge SSMR their insurer's and agents (collectively the "Released Parties"), from any and all manner of actions, suits, debts, claims, liabilities, controversies, damages, cost, expenses, attorneys' fees, and demands of any nature whatsoever, whether compensatory or punitive in nature, including, but not limited to any liability for personal injury or property damage caused by the animal to another animal or person. I further promise and agree to indemnify the Released Parties against any and all liability incurred by the Released Parties, including, but not limited to, all judgments, settlements, penalties, forfeitures, fines, costs, expenses and attorneys' fee, that arise out of or relate to my adoption or ownership of the animal.

Adopters Signature: _____

I have been made aware that I should not take this animal into any public area outside of my home or have company into my home for a minimum of two weeks to allow the animal sufficient time to bond with the family and learn the home routine. I further understand that the animal should have the same conditions applied anytime a medical procedure is performed.

Adopters Signature: _____