



Southern States Mastiff Rescue

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

Send to State Coordinator

SSMR Mastiff ID # _____

ADOPTION CONTRACT

In consideration, mutually acknowledged, for receiving from Southern States Mastiff Rescue the Mastiff described below, I agree to provide all proper and necessary care and treatment including, but not limited to, 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.

Mastiff's Name _____ Sex _____ Color _____

DOB/Age _____ Height _____ Weight _____ Spayed/Neutered _____

Tattoo/Microchip# _____ Registry _____

Any other identifying marks _____

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, or resell it, or use it for breeding, or experimental purposes. I also agree to return this mastiff to SSMR in the event I can no longer care for it. I also understand that any fees associated with this adoption shall be non-refundable in such case.

I also understand if I have misrepresented myself, 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 cost and veterinary cost, and all 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.

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).

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 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