

Independent Labrador Retriever Rescue Santa Barbara, Venice, and Southern California

Date:	I agree to abi	de by all tern	s of adoption herein and shall initial	same.	
Dog's name		Approx. age: _	Approx. weight: Microch	ip # if present	_
Labrador RetrieverGolden RetrieverOther	Male Female Spayed/Neutered Intact	Black Chocolate Yellow Other	I am aware of the following concerning this d	og:	_ _
			for adoption donations. I understand tl of the assistance I am receiving in this a		ase
			f this dog is intact at the time of adoption Treement incorporated into his/her ado		
			to a collar, which will be worn at all tim- gister the existing microchip if this dog		
I will follow	all animal control a	nd licensing r	egulations for the area in which I live.		
outside, una	ttended, I will keep	this dog in a	ion. This dog will NOT be an outside do secure, fenced yard/kennel run with ad s illegal in the state of California.		
I will provide	e access to fresh dri	nking water a	t all times. I will provide sufficient and p	proper food and grooming.	•
of this dog i	n any way other tha	in to return th	n. If I cannot keep this dog, I will not reli is dog to INDEPENDENT LABRADOR RETRIEVER t of ILRR. And I will NEVER take this o	RRESCUE (ILRR). I will not allow anyone	
cannot pos	sibly know everythi	ng about the	ck or injured. All veterinary expenses are nealth of this dog. Unless a grave healtl veek, no adoption donation fees are re	n problem (Cancer, Addisons or other	
	y appointment afte		ess and phone # and I will allow a volur n. I hereby agree to relinquish this dog		
I agree to ob	otain PROFESSIONA	L TRAINING fo	r any problems that may occur with m	y new dog.	
			r her new home and understand that m is acclimated to his or her new home.	neeting new dogs and going to new	
and hold ha property da	rmless and release a mage or any other I	and discharge iability result	ns and I hereby assume all risk of injury I L R R from all loss, liability, damage, a ng from the actions of my adopted dog ow everything about a rescued dog or	nd expenses arising from bodily injury g. My adoption counselor has explaine	у,
Your signature is y	our agreement to a	all terms con	ained on this agreement and those c	ontained in your adoption applicatio	n.
Signature/date:			Print Name:		_
E-mail:					
					-
			City check number	State Zip	ρ
ILRR Volunteer:			Print Namo		