



The Freckles Freedom Fund, Inc.

www.theFrecklesFreedomFund.com

5297 SW 34th Way

Hollywood, FL 33312

freckles@thefrecklesfreedomfund.com

Adoption Application The Freckles Freedom Fund	
Date of Application:	
Name of Dog (if known):	
Your Name:	
Address:	
City/State/Zip	
Home Phone:	
Work Phone:	
Email Address:	
Do you Own or Rent?	Own Rent Other
If Other, please explain	
If Rent, Name of Landlord/Telephone Number	
How long have you lived at this Address?	
Is your Lease yearly, monthly, weekly?	Yearly Monthly Weekly Other
If Other, please explain	
Type of Home (condo, apt, townhome, etc.)	
Any association limitations?	
Fenced Yard?	
How many Adults reside with you?	
How many Children reside with you?	
Ages of any children	

Have you ever turned an animal in to an animal shelter? If yes, please provide reasons.	
Will there be anyone home during the day? Please explain.	
Anyone in your household allergic to animals?	
Any pets currently in the home?	
Name/Breed/Age(s)	
Dates of last Vaccines/exam for each pet currently in the home:	
Where will your new pet live?	Indoors Outdoors Both
How do you control for Heartworm, Fleas & Ticks?	
Name of your Veterinarian/Telephone Number	
Personal/local reference (please provide two; Name, relationship, telephone number)	
Any other information relevant to application:	
<p>I represent that the information contained in this Adoption Application is true and correct as written and that the undersigned is twenty-five (25) years of age or older. I acknowledge that I am obligated to provide updated information to the Freckles Freedom Fund in the event of a change of circumstances prior to completion of the adoption process. I further understand that if my application is approved and after the date of this Adoption Application I am unable to keep the Adopted Pet named herein, I shall return the Adopted Pet to the Freckles Freedom Fund. Under no circumstances will I surrender, give away or sell this Adopted Pet without the express prior written consent of the Freckles Freedom Fund. I agree to execute the Adoption Contract upon commencement of the adoption (attached hereto as an Exhibit).</p>	
Signature:	
Date:	
<p>Receipt of Adoption Application acknowledged by the Freckles Freedom Fund. The Freckles Freedom Fund agrees to keep all information contained herein confidential and will not disclose any such information contained herein unless required by law or court process.</p>	
FFF Representative Signature:	
Date:	



Adoption Contract

Checks returned by the issuer's bank for any reason are subject to the maximum penalties allowed under the laws of the State of Florida.

Name of Dog
(hereinafter "DOG") _____ DOG Date of Birth: _____

Breed of DOG: _____ Chip ID: _____

MALE FEMALE
(circle one) Rabies ID: _____

Your Name
(hereinafter "Adopter"): _____

Address: _____

City/State/Zip _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Adoption Fee:
(nonrefundable) _____

The parties hereto agree that effective as of the date signed herein, the Adopter shall abide by the following conditions:

1. Adopter acknowledges that DOG identified herein is an altered dog, unless such arrangements have been made to alter DOG after the date of this agreement.
2. DOG is being transferred to the Adopter with the understanding that the Adopter is taking possession of DOG to treat and to be responsible for it as their own dog.
3. DOG will be treated as a family member with loving care and affection. Adopter will ensure DOG's safety and well-being; providing medical treatment whether emergency or preventive in the ordinary course of the life of DOG.
4. Adopter will feed DOG at least twice a day and will provide a fresh supply of water at all times.
5. DOG will live inside the home and will not be isolated from the family. Adopter will walk DOG on a leash or exercise DOG in a fenced yard. Adopter will never let DOG run loose or roam, keep DOG chained or tied up, keep it continuously in a yard, garage, patio, balcony, or pen, or leave DOG outdoors, even in a fenced yard when no one is at home. In the event of loss of DOG, Adopter will immediately notify the Freckles Freedom Fund.
6. Adopter will not have DOG attack-trained nor will Adopter use it for any purpose other than companionship. Adopter will not have DOG's ears cropped nor will Adopter have its tail docked. Adopter will never allow any physical, mental, or emotional abuse of the dog.
7. Adopter will take DOG to a licensed veterinarian when shots are due but in no event later than one

year from the last vet visit. Adopter will provide all required and/or needed veterinary care, including: rabies shots as required every one or three years; yearly booster shots for DHLPPC; yearly fecal checks for internal parasites (worms); and prompt treatment by a licensed veterinarian for any illness or injury.

8. DOG will be given heartworm preventative tablets and flea/tick control every month, all year long. Adopter will have a heartworm test given every year. If there is any break in dispensing heartworm tablets, Adopter must retest for heartworm and restart tablets immediately.

9. Adopter affirms that no member of my household has been convicted of an animal welfare law violation such as neglect, cruelty, abandonment etc.

10. Adopter will ensure proper licensing of the dog and will attach the appropriate license tags, rabies tag, microchip tag, and personal identification tag to a **non-choke collar to be worn at all times**. I will ensure compliance with all applicable local, state and federal statutes, regulations and ordinances.

11. Adopter is adopting the dog for agrees to not give away, sell, or trade DOG, even as a gift to a friend or family member without the exclusive prior written consent of the Freckles Freedom Fund. Adopter will neither take DOG to a shelter nor abandon DOG. **I understand that I must notify the Freckles Freedom Fund, without delay, if I can no longer care for or keep DOG** and agree to give the Freckles Freedom Fund reasonable time to rehome DOG or place DOG in an approved foster home, if available. I must notify the Freckles Freedom Fund of any behavioral problems that have occurred at any time before I return DOG and I agree to pay for a professional trainer's evaluation in case of biting or aggression.

12. Adopter agrees to accept responsibility and ownership of DOG at their own risk and I release the Freckles Freedom Fund and its agents from any and all liability arising out of possession and ownership of DOG. I agree that I am assuming total financial responsibility for DOG as of the date of this contract. The Freckles Freedom Fund and its agents will not be held responsible for any damages or expenses (veterinary or other) incurred during my ownership of DOG.

13. Adopter agrees to take DOG to obedience training classes as a puppy, and/or as an adult.

14. In the event DOG becomes lost or dies, I will immediately notify the Freckles Freedom Fund. I will also immediately notify the Freckles Freedom Fund of any change of contact information (address, phone number, or email address).

15. DOG's known background and medical history have been discussed with me. I understand that the Freckles Freedom Fund has made no representation concerning the health, condition, training, behavior, or temperament of DOG.

16. Adopter agrees to permit the Freckles Freedom Fund to make inquiry about and enforce any of the above conditions and requirements at any time after adoption. This can include visits to Adopter's home and contact with Adopter's veterinarian. **I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THE ABOVE PROVISIONS WILL RESULT IN FORFEITURE OF THE DOG TO THE FRECKLES FREEDOM FUND.**

17. Adopter is at least 18 years of age is voluntarily signing this agreement, entering into a legal and binding contract with The Freckles Freedom Fund, Inc. Breach of any term(s) of this agreement is deemed actionable by the Freckles Freedom Fund. Adopter shall be responsible for attorneys' fees and other costs associated with the enforcement of any terms of this agreement.

Signature of Adopter:

Date:

FFF Representative Signature:

Date:
