**Adopter Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adoption Contract (date) -**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal ID :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Species : Dog**

**Sex :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breed(s) :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Colors :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Size :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chip type :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Microchip# :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Disclaimers*  |  | | --- | | **HW+** | | This dog was tested positive for heartworm. The adopter is responsible for medicating and giving heartworm prevention to the adopted dog as instructed. The adopter must pay $100 for heartworm treatment at Humane Society of West Michigan. The adopter must return with the adopted dog on a scheduled date. The adopter may choose his/her primary veterinarian to administer the heartworm treatment at his/her expense, which case $100 will be returned upon submission of proof that the treatment has been completed. Humane Society of West Michigan is only responsible for up to the second adulticide treatment, which is typically administered around day 90. | |
| **Adopter's Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |