



Retired Working Dogs NZ Charitable Trust Adoption Form

This form is to certify that I,

Name:

Address:

Have agreed to a trial period of **one month's duration**

Prior to adoption of the following dog,

Name:

Age:

Breed/Sex:

If at any stage during this trial period, the dog described needs urgent medical attention, I will make sure that this is received and keep Retired Working Dogs NZ involved in the decision making process. Should the above mentioned dog escape from my property during this trial period, I will contact Retired Working Dogs NZ immediately, and will pay any impounding fees accrued.

If at the end of the trial period, I decide to adopt the dog described above, I acknowledge that the future health and well-being of this dog is my sole responsibility. I agree to register the above mentioned dog under my own name, with my local Council. I agree to pay any and all adoption costs for the above mentioned dog.

Adoption Cost for the above mentioned dog:

At any stage during the trial period, or afterwards, if I can no longer keep the dog described above, I will return it to Retired Working Dogs NZ.

Contact: www.retiredworkingdogs.org.nz or
<https://www.facebook.com/Retired.WorkingDogs>

Signed (Adopter):

Name:

Date:

Witnessed:

Name:

Date:

Adoption Fee can be paid into the following bank account prior to trial period:

Retired Working Dogs NZ, 03 0725 0001027 000