



Sterilization Agreement

Adopters Details

| | |
|--------------------|--|
| Name & Surname | |
| Identity Number | |
| Phone Number Cell | |
| Phone Number Other | |
| E-Mail | |
| Address 1 | |
| Address 2 | |
| Address 3 | |
| City | |
| Province | |
| Postal Code | |

Dog's Details

| | |
|------------------------|--|
| Dog's Name | |
| Breed | |
| Age (DOB) | |
| Sex | |
| Color and Description | |
| Medical Records given? | |

The sterilization of an adopted dog by a licensed veterinarian is required within 30 days of the adoption or within 30 days of the dog reaching 6 months of age. Any person not complying with the requirement forfeits all right to the relevant animal to Adora-Bull Terrier Rescue.

Each new owner who signs a sterilization agreement shall within 7 days of sterilization provide Adora-Bull Terrier Rescue with relevant proof of sterilization, signed by the veterinarian who has performed the surgery.

If the adopted dog is lost, stolen or dies before the animal is sterilized or during sterilization, it is the responsibility of the new owner to inform Adora-Bull Terrier Rescue immediately. Proof of death shall be required from the relevant veterinarian and the onus will be on the new owner to provide such proof soonest.

Before signing this agreement, I certify that I have never been convicted of animal cruelty, neglect or abandonment and will update changes as they occur.

| | |
|-----------|--|
| Signature | |
| Date | |

| | |
|-------------------|--|
| Rep of Adora-Bull | |
| Signature | |