

MEDICAL/BEHAVIORAL ADDENDUM
Save One Soul Animal Rescue League (SOS)

Telephone: 401.206.0727 | E-mail: info@SOSARL.org | Fax: 954.208.2727 | Mail: P.O. Box 498, Wakefield, RI 02880

Dog Name: _____ Breed Guess, Sex, Color: _____ Date of Adoption: _____

The following describes the special (circle one) medical and/or behavioral condition(s) surrounding the adoption of the aforementioned dog (the Dog). The adopter recognizes and agrees to the following:

Initials	Issue
_____	1.

If checked, see additional terms continued on back.

By signing below, I agree that I have read this Addendum and agree that it is part of the SOS Adoption Contract. Having read this Addendum, I acknowledge all the above medical and/or behavioral condition(s) of the Dog which I am adopting and agree to adopt the Dog voluntarily, with full knowledge of the above mentioned medical and/or behavioral condition(s). I hereby assume and accept full and complete responsibility for the Dog and its medical and/or behavioral condition(s), as applicable, and will follow up with any and all necessary care. If under any circumstances, I am unable or unwilling to keep the Dog for any reason, I agree that I shall be obligated to first contact SOS to give it the option to reclaim the Dog at no charge. I understand and agree that SOS reserves the right to reclaim the Dog if any of the conditions herein or within the SOS Adoption Contract are not met. I further understand and agree that the Adoption Donation I have provided is non-refundable and will not be returned for any reason.

ADOPTER PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

THANK YOU FOR ADOPTING A DOG WITH SPECIAL NEEDS!