

MEDICAL/BEHAVIORAL ADDENDUM

Save One Soul Animal Rescue League (SOS)

Telephone: 401.206.0727 | E-mail: dogs@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 **Condition**

The adopter understands that each dog has specific needs and those needs must be respected in order to integrate the dog into their home and life as a well-behaved, well-balanced companion canine citizen. As part of the conditions of this adoption, the adopter acknowledges/agrees to the following:

_____ **Integration into Your Life.** The transition into a new home may initially be an overwhelming experience for the dog. To respect this, the adopter is committed to living a low key lifestyle for at least the next several weeks. The adopter will keep visitors to his/her home to a minimum, leave they dog at home rather than taking him/her to parties, soccer games, dog parks, etc, and focus on building a bond through structure and moderate obedience training. Interactions with children and other dogs/animals will be closely managed and supervised. The adopter will be sensitive and responsive to the dog’s body language and comfort level; the dog will not be forced to partake in activities that s/he is not ready for yet and safe alternatives will be provided.

_____ **Basic Training, House Rules and Leadership.** Basic training will be started immediately to build the Dog’s confidence and skill set of appropriate behaviors, and consistent house rules (eg, “no free lunch” policy) will be enforced from Day 1. Sit, Stay, Leave It, Wait, and Come are all imperative commands. This training will serve to further the Dog’s socialization and confidence, provide mental stimulation, and build a bond between the adopter and dog. Leadership and consistent house rules are equally important and will be started immediately; eg, sit/wait before eating, invitation before jumping up on lap/furniture, calmness before attention is given, working walks at the human’s side (not in front). We strongly recommend that the dog not be allowed to sleep in the bed with his people for at least the first few months after adoption until leadership and house rules are established; a dog be on the floor next to the human’s bed is fine.

_____ **Professional Training.** The adopter is committed to pursuing, at their expense, a series of personalized training sessions with a professional trainer (circle one/both) in the home / in a group class environment, commencing within _____ days of adoption.

_____ **Exercise and Stimulation.** To be a happy member of your family, this dog needs adequate physical exercise and mental stimulation; this dog will receive a minimum of _____ hours of structured activity per day. This means, long, fast-paced working walks or jogs, lots of playtime, multiple short spurts of obedience training (no more than 5-10 minutes at a time), and brain stimulating toys (treat or kibble dispensing toys are great).

The adopter has had ample opportunity to research and discuss these behavioral tendencies and leadership/management/training techniques, is committed to the above at their own expense, and is responsible for any further care or treatment needed for this dog, related or unrelated to the above condition(s).

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 hereby 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: _____