

Carolina Hearts Aussie Rescue

PO Box 5038, Columbia, SC 29250

Puppy Adoption Addendum

The health and safety of CHAR dogs is our first priority. Puppies are especially vulnerable to easily transmitted health problems like parasites and parvovirus.

_____ Your new puppy will have received two sets of vaccinations before leaving his/her foster home. Puppy vaccinations are scheduled every 3-4 weeks, with the typical schedule being 6, 9, and 12 weeks for distemper/parvo vaccines, and finally adult vaccines (rabies, distemper/parvo, and bordatella) at 16 weeks. Following this schedule is paramount to puppies' safety.

_____ Equally important, puppies should not be exposed to strange humans, dogs, or places until at least seven (7) days after their third vaccine. While socialization is crucial, play sessions should only occur in familiar areas with vaccinated dogs. Humans should always wash their hands, and should not have had any contact with other puppies with unknown vaccination histories or exposures before handling your adopted puppy.

_____ Within four (4) weeks after second vaccination, you should take the puppy to your vet for an initial exam and to have the puppy's third vaccine administered. The second vaccination was administered for this puppy on: _____ (date). This appointment should be made before you bring your puppy home. Please list your veterinarian's contact information and your scheduled examination date and time below.

Veterinarian Name: _____

Address: _____

Phone Number: _____

Appointment Date/Time: _____

After your appointment, you are required to submit proof to Carolina Hearts within 48 hours. Your veterinarian can call a CHAR Representative, or you can email proof of the examination and vaccination to: carolinaheartsrescue@gmail.com. Your signature below acknowledges your understanding and agreement with these requirements. Failure to comply and provide the requested information will be viewed as a violation of the adoption contract, and CHAR will remove your adopted dog and return your adoption fee.

Date: _____

Adopter signature: _____

Witness signature: _____