



# Humane Society OF PARKERSBURG

29<sup>th</sup> and Poplar Streets • P.O. Box 392 • Parkersburg WV 26102  
(304) 422-5541 • Fax (304) 485-4261 • www.hsop.org

## Transfer to Rescue Contract

**Rescue:** lynn leach 2nd chance 4 life  
636 mulberry lane  
elizabethtown, pa 17022  
(717) 575-8704

Date: 9/6/14

### Animal Description:

Control No: **514958** Breed: **Doxy X** Fee: \$0.00  
Name: **barcode** Color: **WHITE BROWN**  Microchip  
Species: **MALE DOG**  Altered Age: **10 MONTH** Tattoo:  
Adoption Date: 9/5/2014

### Vaccs:

DHLPP 9/3/2014  
SQB 9/3/2014  
RABIES (BY OTHER) 9/4/2014  
da2pp 4/30/2014  
Serial #: s146517 Manufacturer: DEFENSOR

### Treatment:

Worming Pyrantel 9/3/2014  
Neuter 9/5/2014  
Flea Treatment Revolution 9/4/2014  
microchip 9851120037885

Vet.: kr Exp.: 9/4/2015 Certificate #: 4758-14 FELV: Results:  
FeLV/FIV: Results:  
Heart Worm: Results:

### Pet Transfer Contract

**For the purpose of this contract, THE SOCIETY, will refer to the Humane Society of Parkersburg, Inc**

I fully understand and agree that if I fail to provide the proper care for any of the pets transferred, as stipulated by this contract, I will allow the Society to take necessary immediate actions to reclaim ownership and responsibility for the pet's care and well being.

I understand that due to the long incubation period of certain diseases, it is impossible for the Society to guarantee good health for the pets. I understand that the pet(s) I am receiving today have not been known to show aggressive behavior. However, the Society cannot be responsible for the behavior of the pet(s) once they leave the shelter.

I agree that upon completion of the contract, the pet(s) become my responsibility. If for any reason I am in a situation in which I can no longer care for these pet(s), I will return the pet(s) to the shelter.

**I UNDERSTAND THAT THIS IS A LEGALLY BINDING CONTRACT AND THAT THE SOCIETY WILL VIGOROUSLY ENFORCE ALL PROVISIONS CONTAINED HEREIN.**

**I UNDERSTAND THERE ARE NO CASH REFUNDS.**

SIGNATURE OF RESCUE REP. \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF HSOP EMPLOYEE D K Plene DATE 9/6/14

Reimbursement: \$0.00

Paid By: