



Health Care Agreement

© 2002 Kerry Blue Terrier Foundation

The Kerry Blue Terrier Foundation (KBTF) respectfully enters into this agreement with _____ (the Previous Owner) for the purpose of providing future veterinary care for _____ (the relinquished Kerry).

- 1. The Previous Owner shall provide a check in the amount of \$_____, made payable to the KBTF, to be used as a nonrefundable deposit for the sole purpose of veterinary care of the dog named above.
2. Veterinary care shall include, but not be limited to, routine maintenance health care, such as checkups, vaccinations, flea program medications, heartworm preventatives, dietary supplements, and other routine medications, as well as any treatments or medications for "treatable" conditions, such as dental hygiene, infections, injuries, or disorders that may require antibiotics, pain-killers, injections, or other medications or veterinary care.
3. The Previous Owner agrees to provide a full accounting of this dog's health care, including its vaccination record and a 3-year history of veterinarian visits to ensure that proper care of this dog is continued.
4. The KBTF agrees to issue a check in the amount above made payable to the attending veterinarian in this dog's name, to insure that the money is used exclusively for this dog's veterinary care.
5. The Previous Owner understands that should the dog's veterinary care, as described in number 2, exceed the initial deposit, he will be asked to reimburse additional expenses. In this case, the Previous Owner is entitled to a full accounting of all previous veterinary expenses paid for by the initial deposit before providing the additional funds.

HEALTH CARE AGREEMENT

I have read, understand, and agree to the terms set forth in this agreement, and that they adequately express my intent for this dog's continued veterinary care.

Signature of Previous Owner: _____

Date: _____

Printed Name and Address of Previous Owner

Home Phone (____) _____ Work Phone (____) _____

Email _____

Signature of Rescue Director: _____

Home Phone (____) _____ Work Phone (____) _____

Email _____

Check received in the amount of _____ on _____.