

Pacific Northwest Mastiff Fanciers
Education and Rescue, Inc.

Medical Wavier

21534 SE 265th PL
Maple Valley, WA 98038
425-760-8090
www.PNMF.org/rescue

I(name) _____ am adopting the Mastiff(s) (name) _____
(color) _____ (sex) _____ from PNMF Rescue on the date _____

This Wavier is a part of and incorporates by reverence the Adoption Agreement.
As a condition of this adoption and I understand and agree to the following:

1. I understand that I alone will be responsible for any and all cost of any veterinarian treatment(s) that may be required by the dog I am adopting, from the date of adoption for the lifetime of the dog (while owned by me). This shall include any and all condition(s) that the dog may have had prior to adoption, whether known or unknown by PNMF Rescue.
2. I understand that I will be responsible for continuing any and all veterinarian expenses that might be required to treat a condition the dog had while in the PNMF Rescue program. If such condition was known by PNMF Rescue, the representative will give all possible pertinent information: such as the veterinarian who treated the dog, approximate cost of medications if known, and long-term prognosis known.
3. I understand that there is an implied risk in adopting a dog with an unknown history and that will not hold PNMF responsible for any veterinary care or cost that may be incurred by the dog I am adopting

By my signature below, I certify that I have read the above, understand it and agree to the terms above.

Signed and Date this _____ of _____ 20_____

Adopting Owner

Adopting Co-owner

PNMF Rescue Representative

List known pre-existing medical conditions, if any:

1.

2.

3.

If known, List and treatment needed:

1.

2.

3.