



## GUIDING EYES FOR THE BLIND

Training School & Headquarters, 611 Granite Springs Road, Yorktown, NY 10598  
Canine Development Center, 361 Route 164, Patterson, NY 12563

### BREEDING DOG RELEASE AGREEMENT

Dog's Name	ID	Sex	Date of Birth	Breed	Color	Microchip

**I hereby acknowledge receipt of the dog described above from Guiding Eyes for the Blind, Inc. (Guiding Eyes). I have paid \$ 00.00 to Guiding Eyes and accept the dog under the conditions listed below.**

1. I will provide kind treatment, proper food, medical care, shelter and water at all times and agree the dog will live in a home. I further agree the dog will never be allowed to run loose in an unsecured area except under the direct supervision of a responsible family member.
2. I understand and agree Guiding Eyes reserves the right of access to the dog and its records. I agree to complete and return questionnaires Guiding Eyes may request about the dog, as well as to notify Guiding Eyes as to the cause of death. Periodically, Guiding Eyes may want to examine the dog physically for the purpose of gathering information for the breeding program.
3. I will comply with local and state laws which apply to harboring a dog and will maintain a current dog license.
4. This dog has been neutered/spayed before my accepting it.
5. I understand that NO GUARANTEE whatsoever is made with respect to this dog's future health, behavior, or temperament. I also understand that Guiding Eyes staff has determined that this dog is unsuitable to be used as a guide and will not allow this dog to be used as a guide dog or service dog.
6. I attest that I have reviewed this dog's file at Guiding Eyes, have had the opportunity to discuss this dog's history with knowledgeable staff, and understand that historical health, behavior, and temperament are not guarantees of future health, behavior, or temperament.
7. I understand that this dog has been found to be in good health, except for those conditions reflected in the above referenced file. If, within one month of placement, the dog exhibits a medical problem (other than the condition which has caused the release of the dog from our program) which I believe may have been present at the time of placement, I may make arrangements for Guiding Eyes' staff veterinarian to examine the dog and, at Guiding Eyes' option, to provide medical care at no charge to me, to replace the dog or to reimburse the purchase price. Guiding Eyes will not reimburse medical expenses I incur with any other veterinarian.

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8. I understand that it is the owner's sole responsibility to supervise the dog and I understand that Guiding Eyes for The Blind has no responsibility for the actions of the dog once the dog is released to me.
  
9. I agree that I am adopting this dog as a personal companion and will return it to Guiding Eyes if it cannot remain in our household. Ownership of this dog may NOT be transferred from the immediate family residing at this household except with the express permission of Guiding Eyes.
  
10. I acknowledge that failure to comply with any of the above conditions gives Guiding Eyes the right to reclaim this dog.
  
11. I understand that use of social media that is not in line with Guiding Eyes for the Blind's mission and values will not be tolerated. Guiding Eyes values being honest and ethical, team-oriented, good communicators, and contributors to a positive community. Posts or comments that are perceived to be disparaging to Guiding Eyes students, graduates, volunteers, donors, staff, or dogs are not consistent with these values and will be handled accordingly.

**Reason for Release:**

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**Adoption by Foster:**

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**Signature:**

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**Print Name:**

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**Address:**

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**Phone:**

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**Email:**

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**Witness:**

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**Print Name:**

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**Date:**

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