



618 Firetower Road | Dublin GA | 31021 | Tel 478-272-5341

PET ADOPTION AGREEMENT

Adopter Name: _____

Physical Address: _____

Best Contact Phone: _____ Email: _____

DL State: _____ DL No.: _____ DL Exp.: _____

DOB: _____ (must be at least 18 years of age to adopt)

Personal References (Name/Address/Phone):

1. _____

2. _____

Animal Adopted: Dog _____ Cat _____ Control No. : _____

Shelter Name: _____ Age: _____ Gender: _____ Weight: _____

Rabies Vac.: Yes ___ No ___ Date: _____ Control No.: _____

Spay/Neuter History:

Info at Initial Intake: Yes ___ No ___ During Shelter Stay: Yes ___ No ___ (If yes, see below)

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VETERINARIAN PERFORMING SPAY/NEUTER:

Name/Practice _____ Phone No.: _____

Address: _____ Date of Surgery: _____

Adopter understands and agrees to the following:

1. I am adopting this pet to live in my own home and am not adopting for someone else.
2. Within fourteen (14) calendar days of adoption, I will take my pet to a licensed veterinarian for a general exam, vaccinations and de-worming needed, and medical treatment or medications, as prescribed by the veterinarian. I understand this is at my own expense.
3. I understand and acknowledge that the stress of changing environments can lower an animal's immunity to fight disease and the pet could harbor an infection without displaying symptoms. The Dublin Laurens County Humane Society (DLCHS) cannot guarantee the health of any animal.

4. DLCHS recognize that not all pet matches will be successful, through no fault of adopter or animal. We welcome you to return your pet back - refunds are at the discretion of the shelter director.
5. If you are able to re-home the pet, this is acceptable. In that case, we require notice of new owner information and reserve the right to approve/disapprove re-homing of the animal. I will not give-away, trade, barter, sell or otherwise dispose of my pet without giving DLCHS notice. My pet will be a member of my family; I will not use my pet for an illegal or inhumane purpose.
6. I understand that I am adopting an animal with the following diagnosis, defect, condition, or behavior and this may require further treatment or training for which I agree to incur costs:

7. I may return or exchange the pet for a refund within fourteen (14) calendar days for a previously undiagnosed health reason verified in writing by a licensed veterinarian and I understand and agree that DLCHS does not reimburse for any medical cost(s) incurred.

8. I will provide a humane environment, regular exercise and companionship for my pet. This includes daily sufficient water and food to maintain good health. I will provide and stay current on all required and recommended vaccinations and treatments, which include spay/neuter, heart worm and flea/tick preventative, and rabies. I will abide by all animal control laws and ordinances and will microchip my animal for identification purposes within one month of adoption. My pet will wear a humane collar with identification tag at all times.

9. Should my pet become lost or stolen, I will immediately report same to local animal control and notify local humane society and provide my contact information in case of recovery.

10. DLCHS does not condone chaining or tethering of any animal. I agree that I will provide at least 20' of lead for animal when placed on a controlled run and will not leave my pet for any period longer than two hours at any given time. I will provide adequate shelter, food (if kept during feeding times), and water during this time well within reach of my pet.

11. I will not leave my pet unattended outside while I am not at home. I will check my pet at least once/hour while he/she is outside while I am at home.

12. I understand and agree that DLCHS makes no warranty, representation, or promise, express or implied, to the age, health, breed, behavior, habits, disposition, or safety of any animal adopted from our facility. I hereby accept the animal "as-is", assume all risks and responsibilities associated with ownership, including bites or injury. I hereby fully and completely release, indemnify and hold harmless the Dublin Laurens County Humane Society, its board of directors, employees, volunteers, servants, and officers from any claim, cause of action, or liability of any sort or nature, known or unknown, directly or indirectly, arising out of or in connection with the adoption, care, or ownership, maintenance, temperament, or condition of the animal.

I acknowledge that I have fully read, understand, and agree to the conditions of the foregoing adoption contract and I will abide with the same.

Adopter Print Name	Signature	Date

DLCHS Print Name	Signature	Date