

MY INITIALS NEXT TO EACH REQUIREMENT BELOW WILL SERVE TO SHOW THAT I ACKNOWLEDGE EACH STATEMENT AND AGREE TO THE TERMS OF THIS ADOPTION.

___ I understand that I am not PURCHASING a pet but ADOPTING and SAVING THE LIFE of an abandoned or unwanted animal, therefore there is **NO TRIAL PERIOD** and will be **NO refund for ANY reason** other than a pet being **terminally ill** (which is documented and provided to us by a licensed veterinarian). The dog/puppy I am adopting will be left alone daily for ___ hours.

___ I do hereby adopt this animal for MYSELF and MY FAMILY (not as a gift or companion for anyone OUTSIDE the home at the address below) and agree to take good care of it and protect it from abuse, neglect or abandonment and to keep the animal **as a house pet** and not allowed to run free, or left outdoors in the heat or cold, to provide proper medical care - proper mental stimulation and love. I understand that my adoption is a **LIFETIME commitment** and I will NOT give up on my newly adopted pet for any reason - other than **TERMINAL illnesses or SEVERE aggression**, which has been confirmed by a Licensed Vet and/or PROFESSIONALBEHAVIORIST.

___ I am prepared to keep this pet for its entire life and I am prepared for all aspects of pet ownership emotionally and financially (\$400-\$1,000 yearly not including emergencies). HOWEVER, If I do choose to give up my pet, I must contact the shelter first to discuss options and not give it to anyone else, and I **may be charged a surrender fee dependent on my reason for surrender, medical/vaccination history, length of time I have owned the pet, and the condition of the pet when I surrender him/her. I must also call the shelter before returning the pet due to space and availability restrictions.** I understand if I am surrendering the pet back to the shelter for medical/behavioral reasons the shelter may advise me to seek help from my veterinarian and/or a trainer/behaviorist. **The shelter is UNABLE to accept pets with chronic behavior issues - on medication or special diets.**

___ I understand that if I surrender this pet back to the shelter, or give him/her to anyone else, there will be **NO REFUND AND NO exchange for another pet for ANY reason.** I am making an educated decision to adopt this pet and will not hold the shelter or its staff/volunteers responsible if I change my mind or circumstances arise and I can no longer keep the pet.

___ By signing this contract I acknowledge that the entire family is in agreement of this adoption, I am 21 years of age or older, that I own my own home - have written landlord's permission - there are **NO PET ALLERGIES** (that cannot be controlled with medication) in the home where the pet will reside. I **also understand that I will not receive a refund and cannot exchange the pet, IF I AM or MY family develops or has existing allergies to the pet OR if a landlord does not allow me to have a pet.**

___ **ASI makes no guarantees or statements regarding the pet's age, breed, health, or temperament.** ASI has made every effort to provide accurate history and assessment of all pets for adoption, but ASI is UNABLE to guarantee the pet's age, breed, medical status, behavior or disposition. ASI is available for consultation, advice and assistance pertaining to the health, training and compatibility of the pet. Adopter agrees to release ASI and its members or representatives of any / all possible claims arising from injury / damage caused by the pet to any person, pet or property. **Adopter accepts this pet AS IS with all defects, either observable or unobservable, and assumes all risk for the pet upon signing of this contract.** I understand that **the shelter CAN NOT & WILL NOT guarantee the health, breed, temperament or age of this pet** and agree that I should never leave my pet unattended with children. Because I understand that my pet may need help in the transitional period and possibly even YEARS from my adoption date, I agree to work with a PROFESSIONAL & ACCREDITED trainer or behaviorist if the pet has or develops behavioral problems at the time of my adoption and/or the years coming.

___ I am willing to give my pet an unlimited time to adjust to his/her new home and I understand that there may be behavioral issues with my new pet, such as hiding, shyness, not eating, growling, diarrhea, accidents, destructiveness and a variety of other issues. I was advised and will be provided documentation about basic care - crate training -tips and tricks to help a new pet adjust to his home. It is my responsibility to follow the shelter's suggestions and do research on making my pet a better member of my family. Many of these important tips can be found in my adoption literature pack and on their website www.sterlingshelter.org or searching online.

___ I understand that though **this pet may appear healthy at this time, s/he may COULD be in the 1st stages of any medical issue** i.e. URI / Kennel Cough, Skin problems, ear/eye Infection, Parasitic infection, Distemper, Parvo virus or have a variety of other medical/behavior problems – (some of which may be contagious to other pets or humans) –**some of which might not present themselves for weeks-months-years AFTER ADOPTION.** It is suggested that I keep other pets away from my adopted pet until a complete check-up AND FECAL sample has been done for him/her and is why the shelter has advised me to have a vet exam done for my newly adopted pet within 10-14 days of adoption and/or if recently spayed/neutered. **PATHWAY VETS – check <http://pathwayvets.com/locations/> (for the hospital closest to you) will perform a free post adoption exam. (Any/All vaccinations, tests, fecals, treatments or medications will still be at my own cost.)** If I choose to take the animal to any other vet FOR ANY REASON it will be **at MY OWN COST.** It is also recommended that I use proper hygiene (wash hands after contact) with my new pet/s and avoid allowing the pet to lick humans in the face and mouth.

___ I understand the shelter would never **knowingly adopt out a pet with a medical/behavioral problem/s** without disclosing observations / information first, which would allow myself/family to make an educated decision about adopting a specific pet/s.

___ This mandatory adoption fee of \$_____ is to pay for the pets medical care (prior to arrival and during his/her stay at the shelter while waiting for adoption), spay/neuter, any additional needs, food,, TRANSPORT costs to get these pets to our shelter and general expenses. (The shelter runs 100% on

adoption / surrender fees and these fees are what pay any / all bills to operate daily. **I understand the shelter has done all that they can for my pet medically based on his/her age, prior to adoption. I understand I am FULLY responsible for any and all medical bills incurred by my pet and I will NOT be refunded any money for any reason. It has also been recommended to me that I seek a post adoption exam / medical care for my pet through participating PATHWAY VET HOSPITALS.** IF MY PET DOES HAVE ANY CONTAGIOUS/INFECTIOUS ILLNESS **PATHWAY VETS WILL PROVIDE A DISCOUNT** (pls refer to your FREE post adoption exam certificate with details) I also agree to have A FECAL SAMPLE (at my cost) run at the 1st health check, as this is crucial to uncovering any possible parasites that may harm my pet, other pets or humans. I agree to have my pet seen by a licensed veterinarian yearly and updated on any vaccinations and follow suggestions regarding vet care for my pet.

___ I agree to continue future veterinary care/testing/preventatives as advised by my vet - at my own cost. I understand that I must follow my state's RABIES LAWS and vaccinate my pet accordingly. I agree to have my pet vaccinated for rabies **BY SIX MONTHS of age**, even if this pet is kept strictly indoors.

___ I understand that I must follow instructions (**via email or calling the pet health insurance company**) to activate my FREE 30 day pet health insurance and that the shelter is **NOT** responsible for any medical care/costs. **IF I FAIL TO ACTIVATE THE FREE PET HEALTH INSURANCE THE SHELTER IS NOT RESPONSIBLE FINANCIALLY FOR REIMBURSEMENT, MEDICAL CARE/COST/TREATMENT OF MY PET/S SHOULD THEY GET SICK. I have 48 hours to activate this insurance otherwise it will cancel.** NOTE: I understand I must call to cancel insurance after the 30 days otherwise I will be charged.

___ If adopting a dog/puppy I agree to have my pet 4DX tested (for Heartworm/Lyme/Ehrlichia/Anaplasma) AT THE AGE of 6 MONTHS (**no matter what time of year**). This test is crucial to detecting exposure to/or acquired tick/mosquito borne illnesses that can cause serious illness/death if not diagnosed/treated.

MY DOG/PUPPY SHOULD BE TESTED AT 6 MONTHS OF AGE DURING THE MONTH OF _____

___ I hereby agree that any default of these conditions by myself will immediately void all rights and interests I have gained in the animals and that I will turn it back over to the shelter and should the shelter have to initiate any action, legal or otherwise, to regain such animal, I agree to indemnify and reimburse said shelter for all attorney's fees and witness expenses including travel and loss of pay involved therein.

___ If my new pet bites, I WILL BE RESPONSIBLE for the quarantine time OF 10 DAYS. I must also notify the shelter, dog officer and/or my town's Board of Health. If the pet bites or does any destructive damage to me or anyone else, from the date of adoption I understand that is my responsibility and agree not to hold any person, employee, director, officer or volunteer of the shelter, liable.

NOTE: The Animal Shelter Inc. has limited information on these animals and CANNOT / WILL NOT guarantee the health, breed, age or temperament on these animals. Turnover rate at the shelter is incredibly high; some animals are here for short periods of time. The shelter trusts the surrendering family or sending organization to provide accurate and truthful statements regarding their animals. However some animals are brought in as strays and we have found some people aren't always honest about why they are surrendering their pet/s. Please understand the Animal Shelter Inc. is dedicated to placing happy and healthy animals. Make sure your decision to adopt is not taken lightly and understand this is A LIFETIME COMMITMENT. We work hard to place these pets into a home for life and there are NO REFUNDS AND NO EXCHANGES.

HOW DID YOU FIND OUT ABOUT OUR SHELTER? _____ Adopters Signature: _____

RECEIVE A GIFT TODAY LISTED BELOW - (RETAIL VALUE \$20+) IF YOU SIGN UP FOR OUR RECURRING GIVING PROGRAM. For a minimum contribution of \$10 PER MONTH OR PER QUARTER (less than the cost of 1 cup of coffee) you'll make a difference for the homeless pets we rescue.

Will you participate in our Recurring Giving Program? (PLEASE CHECK ONE)

___ YES - I'd LOVE to help the shelter pets with my donation of \$ _____/(\$10) PER MONTH OR PER QUARTER (PLS CIRCLE ONE) - If I participate I will receive an email confirmation of my account creation and can edit, modify, change or cancel the monthly donation at any time. This program is the foundation of our organization and will make a BIG difference in helping us save more pets like the one you are adopting today.

Credit Card # _____ - _____ - _____ Exp Date: ____ / ____ Code: _____ VISA MASTERCARD

CARD OWNERS NAME: _____ Signature: _____

Email: _____

PLS CIRCLE WHICH GIFT YOU'D LIKE – either 2 toys or Sterling Shelter Supporter Item

___ NO - I am not able to participate