

MY INITIALS NEXT TO EACH LINE 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 an abandoned/unwanted pet, therefore there is NO TRIAL PERIOD and there are NO REFUNDS for ANY REASON than a terminal illness (documented & provided to us by a veterinarian). The dog/puppy I am adopting will be alone for ___ hours daily.

___ I am adopting this pet for MYSELF/MY FAMILY (not as a gift/companion for anyone OUTSIDE the address on this contract) and agree to protect it from abuse, neglect or abandonment, to keep the animal as a house pet NOT allowed to run free, kept outdoors (in the heat/cold), provide proper medical care - mental stimulation and love. I understand my adoption is a LIFETIME commitment that will not be given up on for any reason other than TERMINAL ILLNESS/SEVERE AGGRESSION (confirmed by vet & professional behaviorist)

___ I am prepared to keep this pet for life and prepared for all aspects of pet ownership emotionally / financially (\$400-\$1,000 yearly not including emergencies). HOWEVER, If I do choose to give-up my pet, I must contact the shelter first and I may be charged a surrender fee dependent on medical / vaccination history and length of time I have owned the pet. I must call the shelter before returning the pet due to space / 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 – any aggression (towards other people OR animals) –or is on medication or special diets.**

___ If I surrender this pet back to the shelter, there are NO REFUNDS /NO exchanges for another pet. 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. 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 (and I understand) 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.** ASI is available for consultation, advice / assistance pertaining to the health, training / compatibility of the pet. Adopter releases ASI and its staff/volunteers 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 I should never leave my pet unattended with children. I understand that my pet may need help in the transitional period and possibly YEARS from adoption, I am willing to give my pet unlimited time to adjust to his/her new home and agree to work with a PROFESSIONAL/ACCREDITED trainer or behaviorist if the pet has or develops behavioral problems.

___ I understand that though this pet may appear healthy at this time, s/he **COULD** be in the 1st stages of any medical issue i.e. **URI / Kennel Cough, Skin (i.e. ringworm/mange) or/ear/eye Infection, Parasitic infection/Viral infections or other medical/behavior problem – (which may be contagious to other pets / humans) – and might not present for hours - days or years AFTER ADOPTION.** It's suggested I keep my new pet separated from other pets until a vet check-up AND FECAL sample is done 10-14 days from adoption. **OUR PARTNER VETERINARY HOSPITALS (locations ON THE FREE POST ADOPTION CERTIFICATE staples into your adoption packet) will perform a free post adoption exam – valued at \$60-\$75. (Any/All vaccinations, tests, fecals, treatments, medications are at my own cost.) If I take the pet to another vet FOR ANY REASON it will be at MY OWN COST.** It is also recommended that I use proper hygiene 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 and/or family to make an educated decision about adopting a specific pet/s.

___ This mandatory adoption fee of \$_____ pays for the pet's medical care (prior to arrival / 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 all daily expenses. I understand the shelter has done all medical care based on age prior to adoption. I am FULLY responsible for any / 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 for my pet through **ONE OF THE SHELTER'S PARTNER VETERINARY HOSPITALS. IF MY PET DOES HAVE ANY CONTAGIOUS/INFECTIOUS ILLNESS THE SHELTER'S PARTNER VETERINARY HOSPITALS WILL PROVIDE A DISCOUNT (pls refer to your FREE post adoption exam certificate for 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 and agree to continue yearly vet 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 OR CONTACTING THE PET HEALTH COMPANY ON MY BEHALF. **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 7 days 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 8 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 8 MONTHS OF AGE IDEALLY 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.

___ I understand that I may be receiving a follow up phone call (generally w/in the 1st week after my adoption) by the shelter's partner veterinary hospitals to schedule my FREE first post adoption exam by the closest Hospital located to me.

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 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 OUR SHELTER? _____ Adopters Signature: _____

* RECEIVE either 2 toys OR a Sterling Shelter Supporter Item TODAY LISTED BELOW - (RETAIL VALUE \$20+) IF YOU SIGN UP FOR OUR RECURRING GIVING PROGRAM. For a minimum contribution of \$10 PER MONTH (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 - 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: _____

I would love to make a 1 time donation of \$ _____ OR NO - I am not able to participate