

Animal ID# _____

Date of Adoption: _____



To Be Completed by the Adoption Counselor:

Adoption Location: _____ Counselor: _____ Pre-adopt? (circle one) Yes/No

Adoption Fee Paid \$ _____ (circle one) Cash/Credit

For Pre-Adopts only: Location/clinic for Surgery: _____ Scheduled date of Surgery: _____

Adopter Info:

Adopter's Name: _____ Driver's License # : _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address (**Please write legibly**): _____ No Email Check here: ☐

Animal Info:

Animal Name: _____ Gender: _____ Spayed/Neutered: _____ Age: _____

Breed: _____ Color: _____ Microchip Number: _____

BY SIGNING THIS CONTRACT, YOU AGREE TO THE FOLLOWING (please initial each line):

Adoption Policies

____ I am 18 years of age or older and have provided identification showing my present address and I own my home or have landlord consent to adopt this animal.

____ I agree to provide this animal with adequate food, fresh water, shelter from the elements, exercise, and kind treatment at all times. Additionally, my pet will not be tethered outdoors or become an outside animal.

____ I agree to obey all animal regulations governing the area in which I live.

____ I agree to not sell or trade this animal, adopt with intent to rehome, nor will I take this animal to a shelter, or otherwise abandon it. I agree to contact SAPA! immediately if I can no longer care for or keep this animal and further agree to permit SAPA! to take the animal back into its care at such time.

____ I am aware that young animals and shelter pets may have not had any previous training, and that SAPA! cannot guarantee that any animal is trained. I am willing to put in the time and effort to train my pet, including behavior and potty training.

Return Policies

____ I understand that SAPA! immediately saves another animal off the euthanasia list to fill vacated kennels of those that have been adopted. I understand that SAPA! kennels are always at 100% capacity and space is not always available to accommodate a return immediately.

____ If I need to return my pet: I understand that adoption fees are non-refundable. I will contact SAPA! immediately for assistance by emailing: returns@sanantoniopetsalive.org and agree to follow all return instructions.

____ I understand that SAPA! can continue to offer support in the rehoming of my animal. If rehomed in my care, the new owner's information will be communicated to SAPA! and I will go to www.foundanimals.org and use the transfer tab to register it into the new owner's information immediately.

____ I understand that SAPA! may not be able to take this animal back right away and I may be required to keep the animal until SAPA! has space or foster placement.

____ I understand that due to space, SAPA! may recommend the animal be surrendered to a different shelter based on space, behavior, and urgency of the surrender need. (If surrendered from my care, I will notify SAPA! of the animal's location).

____ I understand that there is a mandatory return fee of \$50/per animal to cover the cost of care for the animal(s) I am returning.

Medical Policies

_____ I agree to provide the animal with all recommended veterinary care, including monthly heartworm prevention and annual vaccinations. I further agree to provide the animal with prompt veterinary care if it becomes ill or injured. I will not euthanize this animal except in the case of the animal's terminal illness, injury or old age accompanied by pain and suffering. I agree that all veterinary expenses incurred after I adopt this animal are my responsibility and that I will not be reimbursed by SAPA! for any such expenses for my adopted or personal pets.

_____ I agree to have this animal examined by a veterinarian within 14 days of adoption being finalized.

_____ If my newly adopted pet has a life-threatening emergency, it is my responsibility to seek urgent medical care at my cost.

_____ I understand that SAPA! is never able to reimburse the cost of private vet fees under any circumstances for adopted or personal pets.

_____ I understand that although the cat/dog I am adopting has been medically examined and vaccinated, it is possible they may still be carrying a disease from a previous shelter.

_____ I agree that any other cats/dogs I have at home are up-to-date on vaccinations or fully vaccinated and over 4 months of age and thus protected from contagious illnesses (ex: parvovirus and canine distemper).

_____ I have been provided and read the medical and/or behavioral records for this animal.

Behavior Policies

_____ If this animal displays behavior problems, I agree to seek assistance from a qualified training facility or trainer immediately. I can also contact SAPA! for recommendations for a qualified training facility.

Liability

_____ I understand the importance of quarantine and safe animal introductions.

_____ I understand that SAPA! does not guarantee the health, temperament or training of this animal. I agree to accept responsibility for and ownership of this animal at my sole risk and I release SAPA! and the Adoption Location (if other than SAPA!) from all liability arising out of possession or ownership of this animal.

_____ I understand that failure to abide by the adoption policies listed herein shall permit SAPA! to take possession of the adopted animal and revoke this adoption contract.

FOSTER-TO-ADOPT ONLY (animals in foster-to-adopt status)

_____ I understand that this pet will remain a SAPA! animal under FOSTER status until the pet is altered and finalized at which point ownership will be transferred to me and all above initialed points will apply. Until then, I will follow all SAPA! foster procedures and instructions including medical care through SAPA!

_____ I understand that failure to respond/communicate within 30 days with SAPA! staff regarding this pet in foster status or failure to alter and finalize without coordination with SAPA! staff will result in the pet being reported as stolen to the microchip company, and a police report will be filed.

_____ I understand that I am required to to alter my pet within 30 days of adoption in order to receive my deposit back. Even if forfeiting the deposit, I agree to have my unaltered pet spayed/neutered within 30 days & communicate surgery details with the SAPA! foster team.

I understand that by voluntarily signing this Adoption Contract, I am entering into a legal and binding contract with San Antonio Pets Alive!. I have read and fully understand the terms of this Adoption Contract and agree to abide by the terms herein. I agree that I will relinquish this animal to San Antonio Pets Alive immediately upon request in the event I breach this Adoption Contract. I agree and understand that neither San Antonio Pets Alive! nor the Adoption Location is liable to me or any other party for any claims, legal actions, injuries, losses, damages, costs, expenses, liabilities, lawsuits or judgments whatsoever in connection with my adoption or ownership of this animal.

Signature of Adopter:_____ **Date:**_____