

# Austin Pets Alive! Adoption Contract



Adoption Location: \_\_\_\_\_ Counselor \_\_\_\_\_

How did you hear about this pet? \_\_\_\_\_

Pre-adopt (circle one) Yes No If Yes, until surgery date animal is at (circle one): Foster Tarrytown TLAC ADOPTERS

Deposit paid \$ \_\_\_\_\_ by (circle one) Cash Credit Check Approved by: \_\_\_\_\_

Name : \_\_\_\_\_ DL# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (Please write legibly): \_\_\_\_\_

Animal Name: \_\_\_\_\_ Animal ID: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Description: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Adoption Fee Amount \$ \_\_\_\_\_ Donation Amount \$ \_\_\_\_\_ Adopters Initials \_\_\_\_\_

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.
- \_\_\_\_\_ I own my home or have landlord consent to adopt this animal.
- \_\_\_\_\_ I agree to provide this animal with adequate food and fresh water, shelter from the elements, daily exercise and kind treatment at all times.
- \_\_\_\_\_ I understand that APA does not guarantee the breed, 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 APA and the Adoption Location (if other than APA) from any and all liability arising out of possession or ownership of this animal.
- \_\_\_\_\_ I agree not to give away, sell or trade this animal, nor will I take this animal to a shelter or otherwise abandon it. I agree to contact APA immediately if I can no longer care for or keep this animal and further agree to permit APA to take the animal back into its care at such time. I understand that adoption fees are non-refundable.
- \_\_\_\_\_ I agree to obey any and all animal regulations governing the area in which I live.
- \_\_\_\_\_ I agree to provide the animal with all recommended veterinary care, including 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 APA for any such expenses.
- \_\_\_\_\_ I agree to have this animal examined by a veterinarian within 14 days of adoption being finalized, and to mail or fax proof of visit to APA within 7 days (fax number 866-760-9101). I will have this animal examined by a veterinarian on or before \_\_\_\_\_. I agree that I will contact APA immediately if my animal is diagnosed with something unexpected.
- \_\_\_\_\_ I have been provided and read the medical and/or behavioral records for this animal. I understand that the pet may have been exposed to communicable disease(s) and that these diseases may be undetected at the time of adoption. I accept responsibility for all medical care after the time the pet is released into my care. I understand that APA! is not responsible for any medical conditions not detected prior to the time of this adoption.
- \_\_\_\_\_ If this animal displays behavior problems, I agree to seek assistance from APA or another qualified training facility immediately.
- \_\_\_\_\_ I agree to never declaw my adopted animal.
- \_\_\_\_\_ I understand that failure to abide by the adoption policies listed herein shall permit APA to take possession of the adopted animal and revoke this adoption contract.
- \_\_\_\_\_ If this pet is on medications, I understand and accept that the medications may have an off label use and I know I can contact medtechs@austinpetsalive.org if I have any concerns or would like to pay extra for a different medication. All medications dispensed have been approved by a licensed veterinarian in the State of Texas.

## Insurance

- \_\_\_\_\_ I consent to Pethealth, Inc., its subsidiaries, affiliates, trademarks, brands, and partners collecting, using, and disclosing my personal information to third parties for the purpose of providing me with electronic messaging.
  - \_\_\_\_\_ I do not provide consent to Pethealth, Inc., its subsidiaries, affiliates, trademarks, brands, and partners collecting, using, and disclosing my personal information to third parties for the purpose of providing me with electronic messaging. I will not be eligible for a free 30 day trial of pet insurance.
- Within 24 hours of your completed adoption, you will receive an email containing instructions on how to activate a free 30 day trial of pet health insurance. If you do not receive this email, contact records@austinpetsalive.org. It is your responsibility to enroll in the pet health insurance program within 72 hours of the adoption or the offer is void. If you choose to enroll, the pet health insurance policy will become effective 48 hours after enrollment and will provide coverage for emergency conditions that occur after the date of adoption. Note that if you pre-adopt an animal, the adoption will not be complete until the animal is sterilized and you will not receive this email until such date.
- \_\_\_\_\_ I have read and understand the above insurance information.

## Existing Behavioral and Medical Issues (Initial if applicable)

- \_\_\_\_\_ The following existing medical issues have been explained to me: \_\_\_\_\_
- \_\_\_\_\_ The following existing behavioral issues have been explained to me: \_\_\_\_\_

## Pre-Adoption (Initial if applicable)

- \_\_\_\_\_ The animal I am adopting is not spayed/neutered. I acknowledge that this animal will remain the property of APA until surgery on this date: \_\_\_\_\_.
- \_\_\_\_\_ A surgery deposit in the amount of \$ \_\_\_\_\_ has been collected and will be refunded to me at the time of surgery. I understand that if I fail to bring my adopted animal in for sterilization surgery on my scheduled date and do not call within 48 hours to reschedule or bring my adopted animal for medical treatment, my deposit will be forfeited. The clinic phone number is 512-466-0720.
- \_\_\_\_\_ APA is responsible for providing medical for this animal until the surgery date and I agree to contact APA immediately if any health issues arise. I understand that by voluntarily signing this Adoption Contract, I am entering into a legal and binding contract with Austin 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 Austin Pets Alive immediately upon request in the event I breach this Adoption Contract. I agree and understand that neither Austin 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: \_\_\_\_\_