

Adoption Contract for:

Microchip ID:

Description:

Age:

This agreement is between Compassion In Action, Inc. (CIA) and Adopter:

**The Undersigned Adopter States and Agrees:** (Please initial all statements below.)

No member of my household has been convicted of an animal welfare law violation such as neglect, cruelty, abandonment, etc. \_\_\_\_\_

This pet will not be abused or mistreated in any way. \_\_\_\_\_

This pet will be predominantly inside and will never be chained outside or allowed to roam freely. \_\_\_\_\_

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(Cats only) I agree not to have this cat declawed. \_\_\_\_\_

This pet will not be sold, given away, taken to a shelter, or abandoned. If I can't keep this pet for any reason, I agree to return it to CIA or seek approval of a CIA representative before placing it in a different home. \_\_\_\_\_

In the event this pet becomes lost or dies, I will immediately notify CIA. I will also immediately notify CIA of any change of contact information (address, phone number, or email address). \_\_\_\_\_

I will include CIA as an alternate contact on this pet's Microchip registration. \_\_\_\_\_

CIA reserves the right to follow up on this adoption, to physically check the pet's condition, and this contract is authorization to contact my vet(s) and to receive copies of medical records from them. \_\_\_\_\_

I have received a copy of the pet's medical history from CIA and accept responsibility for all future veterinary care for this pet, including the care indicated in the REQUIRED MEDICAL section below. \_\_\_\_\_

I understand that this pet's well being and happiness depend on me. I accept responsibility for providing it with a safe and loving home for its entire life, which I understand could be 15 years or more. \_\_\_\_\_

CIA has the right to reclaim this pet for violation of any condition that may affect its health or safety. \_\_\_\_\_

CIA makes an effort to ensure the health of adopted pets. However, I understand that CIA does not guarantee their health, temperament, behavior, breed or appearance; and that CIA is not responsible should this pet bite, scratch, or harm any animal, person, or property in any way. \_\_\_\_\_

**Required Medical:** Vaccinations due DATE. Heartworm meds monthly. We recommend taking this pet to your own vet for a checkup and to establish records. Routine bloodwork is suggested so you'll have a healthy comparison in the even of illness.

Notes: We encourage you to research pet food quality and select a premium brand for your pet. We'd be happy to discuss this with you and help you make an informed choice.

**I affirm by signing below that I will abide by the rules of this adoption listed above; that I am an adult; that I either own my home or have specific permission from my landlord to keep all pets in my possession, including this pet and that this pet will be kept by me in my home. I understand that this is a legally binding contract that can and will be legally enforced at my expense.**

Adopter's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Adopter's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Compassion In Action Rep: \_\_\_\_\_ Fee Received: \_\_\_\_\_