

My initials next to each requirement below will serve to show that I acknowledge each statement, and agree to the terms of this adoption.

Name of Applicant: _____

___ I understand that I am not PURCHASING a pet but ADOPTING an orphaned pet and therefore there is NO refund for ANY reason other than the pet being terminally ill (and this is confirmed by one of our vets).

The dog/puppy I am adopting will be left alone daily for _____ hours.

Name of pet you are interested in adopting: _____ Date of Application: _____

___ I am adopting this animal for MYSELF and MY FAMILY (not as a gift or companion for anyone OUTSIDE the home address below). I agree to take good care of it and protect it from abuse, neglect or abandonment. I agree to keep the animal as a house pet and not allow it to run free or live chained or penned, 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 illness or SEVERE aggression, which has been confirmed by a Licensed Vet and/or professional trainer or behaviorist.

___ I am prepared to keep this pet for its entire life and I am prepared for all aspects of pet ownership both emotionally and financially (\$600-\$1,000 yearly not including emergencies). HOWEVER, If I do choose to give up my pet, I MUST return it to the shelter and not give it to anyone else, and I may be charged a surrender fee dependant on my reason for surrender, medical and vaccination history, length of time I have owned the pet, and 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 acknowledge that the entire family is in agreement with this adoption, that I am 21 years of age or older, that I own my own home or have written landlord's permission and that 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 if I am or if my family develops or has existing allergies to the pet.

___ **(Please circle which applies)** I RENT or I OWN the home/apartment at the address below.

Landlord's name, and telephone number (required) _____

___ 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 about crate training and tips 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 on their website www.southsidespca.org. Also included in your adoption package is a training CD.

___ I understand that though this pet may appear healthy at this time, it may in fact be in the 1st stages of an upper respiratory infection/Kennel Cough, skin problems, ear/eye Infection or parasitic infection or have a variety of other medical problems - some of which may be contagious to other pets. It is recommended that I keep other pets away from the newly adopted pet until a complete check-up AND FECAL sample has been done for him/her and this is why the shelter has advised me to obtain a physical for my newly adopted pet within 14 days of my adoption or 10 days post-op if surgery was performed. (All shots, test, and vaccines will still be at my own cost.)

Southside SPCA, P. O. Box 66, Meherrin, VA 23954
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_____ This mandatory fee of \$_____ will be applied towards general upkeep of the shelter, vet care, other pets in the shelter, food, heat, electric, phone, staff, and general expenses. (The shelter runs strictly on adoption fees and donations and these fees pay any and all bills incurred by the shelter. The shelter is NOT funded by state, town, city or government funds.) I understand the shelter has done all that they can for my pet medically prior to him/her leaving. 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. I also agree to have A FECAL SAMPLE run at the 1st health check as this is crucial to uncovering any possible parasites that may harm my pet.

_____ I hereby agree that any default of these conditions by myself will immediately void all rights and interests I have gained in the animal 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 this date and time, I understand that is my responsibility and agree not to hold any person, employee, director, officer or volunteer of the shelter, liable.

NOTE: The Southside SPCA has limited information on these animals and CANNOT and WILL NOT guarantee the health or temperament of these animals. The shelter trusts the surrendering family to provide accurate and truthful statements regarding their animals. However, we often find that people do not tell the truth about why they are surrendering their animal; some animals are stray and no history is available. Please understand the Southside SPCA is dedicated to placing happy and healthy animals. As an adopter, you may know just as much or as little as the shelter staff does. Please make sure your decision is not taken lightly and understand this is A LIFETIME COMMITMENT. We work hard to place these unwanted animals into a home for life.

Name _____ Dog's/Cat's Name _____

Address _____

City, State, Zip Code _____ Email _____

Phone number(s): _____

Veterinarian's name, location, phone number _____

Other persons living at this address, and ages _____

Pets/ages/breeds living at the address below: _____

Signature of applicant: _____

Approved by: _____ Date of adoption _____