



SOUTHSIDE SPCA
PO BOX 66 – MEHERRIN, VA 23954
Adoption Contract

ID # _____

Please Read Carefully

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

Name of Applicant: _____ Name of Pet Adopting: _____

____ I certify that I have never been convicted of animal cruelty, neglect, or abandonment per VA Code 3.2-6546.

____ I certify that I have never been charged with animal cruelty, neglect, or abandonment.

____ I understand that I am not PURCHASING a pet but ADOPTING an orphaned pet, and therefore there is no refund for the adoption fee for any reason other than the pet being terminally ill (as confirmed by one of our vets).

____ 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 care 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 (\$800+ yearly excluding emergencies). I understand that the Southside SPCA is not obligated to take any dog back after three months from the date of adoption. If I wish to return a dog, I may contact the shelter. Acceptance will be based upon space availability and the reason(s) for surrender. **A \$75 mandatory surrender fee will be imposed for any return.**

____ I acknowledge that the entire family is in agreement with this adoption, that I am 21 years of age or older, I own my own home or have a landlord's written permission, and 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 any refund if my family or I develop or has existing allergies to the pet.

____ (Please circle which applies) I RENT, or I OWN the home/apartment at the address below: (If applicable, landlord's name and telephone are required):

____ I understand that the Southside SPCA CANNOT AND WILL NOT guarantee the health, breed, temperament, or age of this pet and I agree that I should never leave my pet unattended with children. 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 in the coming years,

____ I am willing to give my pet unlimited amount of time to adjust to her/his 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 her/his new home. It is my responsibility to follow Southside SPCA's suggestions and do my own 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. I have also been provided with written materials addressing common behavioral and adjustment issues.

____ I understand that although this pet may appear healthy at this time, it may be in fact in the first 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 checkup AND FECAL sample has been done for her/him 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.

_____The Adoption fee is \$_____ The Southside SPCA 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 any state, town, city or government funds. I understand the Southside SPCA has done all they can for my pet medically prior to her/his adoption by me. 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 hereby agree that a default of these conditions by myself will immediately void all rights and interests I have gained in the animal and that I will return it to Southside SPCA and should they 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 animal control in my city or county 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 it is my responsibility and agree not to hold any person, employee, director, board member, officer, or volunteer of the Southside SPCA liable.

NOTE: The Southside SPCA has limited information of 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 the 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 made lightly and understand that this is a LIFETIME COMMITMENT. We work diligently to place these unwanted animals into a happy, loving home for life.**

Name _____ Dog's Name & ID _____

Address _____

City _____ State _____ Zip _____

Email _____ (please write legibly)

Phone Number(s) _____ Cell Phone: _____

Veterinarian's Name, Location, Phone Number:

Other persons living at this address, and ages: _____

Pets/Ages/Breed living at the address: _____

Signature of Applicant : _____

Date: _____

Approved by: _____ Date of Adoption: _____

FOR SHELTER STAFF USE ONLY:

SHELTER ID NUMBER: _____ **TOTAL AMOUNT PAID:** _____

PAID BY (CHECK applicable): _____ CASH _____ CHECK _____ CREDIT CARD _____ PAYPAL _____ WEBSITE
Checks and cash are to be attached to this contract.