

Animal Reference	ee #:
Animal Name:	

Date of Adoption:

## **Adoption Contract**

First Name:		Last Name:					
Address:							
City:		State:		Zip:			
Phone Number: (	)						
Email Address:							
		ochip (Someone othe					each you):
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	-	opy of a government ease provide the adop		,			
		<u>ADOPTIO</u>	N FEE				
Animal Friends Allianc disease testing, initial	e an adoption fee as vaccines, initial dew ces. See bulleted poi	riends Alliance the animalisted below. This adoption vorming, and microchippents below for additional alliance agrees to transference.	ion fee helps to sing of Adopted information. U	o cover the co d Animal. To pon receipt of	ests of spay he adoption of payment	/ing/neuter n fee is <i>no</i>	ring, appropriate n-refundable,
Adoption Fee:	\$	_					
Additional Donation:	\$	(Donations are tax do	eductible)				
Total:	\$	_					
Signature of Adopter:_							



Signature of Adopter:

Signature of Animal Friends Alliance Representative:

Date of Adoption:	
Animal Reference #:	
Animal Name:	
u respond to our follow up requests by phone or einformation at no additional cost to you. Please	

## Animal Friends Alliance understands and agrees to the following:

- O We are here to promote a healthy relationship between you and your pet.
- O We encourage you to call us with any questions and concerns and ask that you respond to our follow up requests by phone or e-mail.
- O Included with your adoption is a packet with ownership, training and general information at no additional cost to you. Please refer to this information as needed during the ownership of your pet.
- O We recognize that some pet matches may not be successful through no fault of the person or the pet. We will welcome you and your returned pet back within 30 days of adoption for an exchange if deemed appropriate by our adoptions staff.
- O We are committed to all animals within our organization, including animals adopted from Fort Collins Cat Rescue Spay & Neuter Clinic and Animal House, throughout their entire lives. If at any point you are unable to care for your adopted pet, please bring them back to our organization so we can continue to support them.
- O Animal Friends Alliance strives to provide you with a healthy pet. Please understand that the stress of changing environments can lower an animal's immunity to fight disease, and the pet could harbor an infection without displaying symptoms. We cannot guarantee the health of any animal, but welcome communication regarding questions or concerns.

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I, tl	he adopter, understand and agree to the following ( <i>initial after each</i> ):
1.	I will take this animal to a veterinarian within 14 days of adoption for a general physical examination and any necessary vaccinations, deworming, medications or medical treatment, at my own expense.
2.	I agree to update the adopted pet's microchip registry at the time of adoption.
3.	<u>I agree to not physically alter the animal</u> . Physically altering includes declawing (onychectomy and tendonectomy) of the cat and/or ear cropping and tail docking of the dog.
4.	I will provide a humane environment and companionship for my pet. I will continue to have the animal inoculated against rabies and abide by local animal control laws. This includes having a current rabies and license tag and not allowing the animal to run at large
5.	I agree not to abuse and/or neglect the adopted animal. It is Animal Friends Alliance's discretion to determine if the adopted animal has been abused and/or neglected. If abuse and/or neglect is found, Animal Friends Alliance has the right to reclaim possession and ownership of the animal immediately.
6.	If I can no longer care for this animal, I agree to notify Animal Friends Alliance to discuss the matter. If it is decided to be in the best interest of the animal, I will return the animal to Animal Friends Alliance. If I am able to rehome the pet with another family who agrees to this contract in its entirety, I agree to provide Animal Friends Alliance with the new owner's contact information so they may continue to provide support to that animal. I agree that I will not relinquish this animal to any shelter other than Animal Friends Alliance, or if it becomes necessary for me to do so, I will notify Animal Friends Alliance immediately
7.	I understand and agree that Animal Friends Alliance makes no express or implied warranty, representation or promise to the age, health, breed, habits, disposition or safety of the animal. I hereby accept the animal as is, assume all risks and responsibilities associated with the ownership of the animal, including bites, and I hereby fully and completely release, indemnify and hold harmless Animal Friends Alliance, its directors, officers, volunteers, servants, and employees from any claim, cause of action, or liability of any sort or nature, whether known or unknown, directly or indirectly arising out of or in connection with animal care or ownership, maintenance, temperament or condition of the animal
8.	I have read and understand the medical summary report for the adopted animal, and have received the PACFA Rabies Prevention Handout (included in your adoption packet):
9.	I may return the animal for exchange or adoption refund within 14 days for a previously undiagnosed health reason verified by a licensed veterinarian or at discretion of a manager. Animal Friends Alliance does not reimburse for medical bills. <b>The adoption fee is non-refundable for any other reason or past 14 days of adoption.</b>
	knowledge that I have read and fully understand the terms and conditions of the foregoing adoption contract and that I will fully apply with the same. I understand that inaccurate/misrepresented information will void this adoption.