



PO Box 101
Monroe, NC 28111
(704) 283-9126

Pet Adoption Contract

On this day _____ of month _____ in the year _____ this contract is made by and between:

Adoptive Owner's Name: First _____ Last _____

Physical Address: (No PO Box #): _____

Mailing Address if other than Physical Address: _____

City or Town: _____ State: _____ Zip: _____

Home Phone: _____ Work #: _____ Ext _____

Cell Phone#: _____ Email Address: _____

Driver's License #: _____ State: _____

and the Humane Society of Union County, Inc., hereinafter referred to as "HSUC", for the adoption of the following pet:

Name of pet: _____ Sex: Male ___ Female ___ Micro-chipped: Yes ___ No ___

Species: Feline ___ Canine ___ Breed _____

HSUC ID# and/or description of pet _____

1 Year Rabies: Yes ___ Date Issued _____ Tag# _____ No ___ (Too Young for Vaccine)

The adoption fee is \$ _____. This fee is NON-REFUNDABLE with the only exception as described in item # 2 of section "As Adoptive Owner I Agree To Terms and Conditions" of this contract.

Spayed or Neutered Yes ___ No ___ (if No see Spay/Neuter Agreement below for terms and conditions)

Spay/Neuter Agreement and/or Additional Veterinary Care (if any) Included In the Adoption Fee:

If above named pet being adopted has NOT yet been spayed or neutered, the adoption fee covers this procedure. The HSUC is to be billed for the spay or neuter ONLY IF THIS CONTRACT is presented at the time this pet is admitted for this procedure to a clinic specified or approved by HSUC. PLEASE BE SURE to use the name of pet, as listed on this contract, for any services that HSUC has agreed to pay. The adoption fee DOES NOT INCLUDE pre-anesthesia blood testing, which if elected, is to be paid for by the adoptive owner, and NO REGULAR EXAMINATIONS of this pet are covered by the adoption fee nor will they be paid for by the HSUC unless otherwise stated and authorized below.

In addition, I, the adoptive owner named in this contract, agree that I will have the above named pet spayed or neutered as soon as possible at Monroe Low Cost Spay/Neuter Clinic, Monroe, NC or at a vet clinic agreed upon by HSUC, no later than _____ (MM/DD/YYYY) and I agree to send proof to HSUC at PO Box 101, Monroe, NC 28111 or via email at hsuc@hs-uc.org.

NOTE: If pet is not spayed or neutered by the date designated, HSUC has the right to reclaim the pet and terminate this Pet Adoption Contract.

NOTE to Veterinarian -The following treatments, procedures and/or vaccinations, if any, are to be billed to the HSUC ONLY if agreed upon and stated in writing below and initialed by the HSUC Representative at the time of the adoption, and ONLY if this contract is presented to the veterinarian's office at the time the pet is checked in to the clinic/hospital for these procedures.

_____ HSUC Initials _____

_____ HSUC Initials _____

All other procedures, treatments, examinations and/or vaccinations, other than specifically noted on this contract, are the financial responsibility of the adoptive owner.

HSUC Representative Signature _____ Print Name _____

Adopter's Signature _____ Print Name _____



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HSUC Pet Adoption Contract The HSUC provides written proof of the following:

1. Administered vaccines, including a one (1) year Rabies vaccine, if old enough, and proof of treatment of internal parasites. Any required vaccines or follow-up medical care that is still to be provided is noted in Additional Veterinary Care Section of this contract.
2. Dogs over six (6) months of age have been tested and found to be negative for heartworms.
3. All cats and kittens have been tested for FELV (feline leukemia virus) and FIV (feline immunodeficiency virus), and were found to be negative.

As adoptive owner, I agree to the following terms and conditions: (Please Read Carefully)

1. I understand that it is in the best interest of myself and my other pets (if any) to take the pet, named and described on page 1 of this contract, to a licensed veterinarian within ten days from the date of adoption for a routine physical examination and provide proof to the HSUC. The cost of this examination is the responsibility of the adoptive owner and will not be billed to or paid for by the HSUC.
2. I understand that if the veterinarian examines the pet, named and described in this contract, within 10 days from the date of adoption and finds the pet unsuitable for adoption, the HSUC will refund the adoption fee 1) upon return of the pet AND 2) with documentation from the veterinarian explaining why the pet is unsuitable.
3. I agree to keep the adopted pet in a healthy state by maintaining regularly scheduled visits to a licensed veterinarian for vaccinations, including rabies vaccinations according to NC law, a heartworm preventative, and other necessary medical needs as determined by the veterinarian.
4. I agree, if not already altered, to have this pet spayed or neutered as defined in the "Spay/Neuter Agreement" section of this contract.
5. I agree to care for this pet in a humane manner by providing it with adequate food, water, shelter, and behavioral training if necessary. This pet is now, after all, a member of my family.
6. I agree to be a responsible guardian by providing adequate daily exercise and properly containing my pet to my property.
7. I agree to keep a proper identification tag on my pet with my current phone number to be worn at all times. In addition, I understand that my pet has been micro-chipped and is registered under the HSUC. I agree that if my pet is lost, I will immediately notify the HSUC by calling 704-283-9126 or emailing hsuc@hs-uc.org.
8. I understand, this pet is being adopted for myself, will be kept only as a domesticated house pet, and will not be sold, bred, adopted to or given to another person or organization for any reason.
9. I understand and agree, if I cannot keep the pet, I must contact the HSUC, phone 704-283-9126 or email hsuc@hs-uc.org, and assist with the pet's return or placement by holding the pet in a safe environment until alternative arrangements can be made, and I will provide necessary transportation and all veterinary records.
10. I understand that the HSUC makes no claims as to the temperament, health, or mental disposition of the pet I hereby agree to release the HSUC from liability for any injury or damages to people or property caused by the said pet, and from any causes of action, claims, suits, or demands that may arise from such injury or damages.
11. I understand that if I fail to abide by any one of the terms and conditions agreed upon in this contract, the HSUC reserves the right to reclaim the pet and terminate adoption with NO REFUND of adoption fee.

The HSUC, Inc. agrees to provide Adoptive Owner with a copy of this Pet Adoption Contract and medical information available for said pet.

Adoptive Owner Signature HSUC Representative Signature

Adoptive Owner Print Name HSUC Representative Print Name Date Date

THANK YOU FOR ADOPTING FROM HSUC