

CASEY'S PLACE ANIMAL SANCTUARY, INC.

ADOPTION CONTRACT

Animal species: _____ Breed: _____ Name: _____

Sex: _____ Age: _____ Date of Birth: _____ Color: _____

Feline De clawed Y N

Our adoption fees are \$60.00 and higher depending on the animal available for adoption.

Adoption fees for dogs and cats include: Spaying or Neutering; Current vaccinations; Microchipping; Rabies license and tag (Hernando county residents only); De-worming; Feline FIV/Leukemia testing; Canine Heartworm exam; follow up counseling from our Adoption Support Team.

Medical history comments: _____

I acknowledge that I am adopting from Casey's Place Animal Sanctuary, Inc. the animal described above and I agree that:

1. I will provide a good home, proper medical care and kindly treatment for this animal. This animal will not be used for experimentation or sold. This animal may not be given to another adopter or agency without our prior approval. If you no longer want this animal, we want the animal back.
2. Ownership of this animal may be ended at any time if the adopter does not live up to the terms of this agreement.
3. We believe that the animal is in good health and that the information above is correct. Since we rely on information given by the former owner or have limited information because the animal is a stray, the animal's health is not guaranteed. We are not responsible for any defects the animal may have or develop. The adopter agrees to have their new pet examined by a veterinarian and to have kittens and puppies spayed or neutered as soon as they are old enough.
4. We are not responsible for any damage or injury, to the person or property, caused by the animal.
5. We make no warranties or claims as to the health, temperament or disposition of the animal.

I acknowledge that I have reviewed this Adoption Contract. I understand and accept its terms and accept full responsibility for the animal and its actions while in my care.

Signature _____ Print name _____

Address _____

Home phone () _____ Work phone () _____

Date _____ Total \$ _____ Cash _____ Check _____

Signature – authorized representative of Casey's Place Animal Sanctuary, Inc.

Please note that payment must be made in full before transfer of the adopted animal. There will be a \$30. fee imposed for any returned checks.