



**Adopter Info:**

Adopter Name \_\_\_\_\_ DL# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Phone(s): Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have an email address:  Yes  No *\*Ineligible for insurance\**

Email Address (**Please write legibly**)

\_\_\_\_\_

**Animal Info:** Animal Name: \_\_\_\_\_ Animal ID: \_\_\_\_\_

Gender: Male\_\_Female\_\_ Spayed/Neutered: Yes\_\_No\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

**BY SIGNING THIS CONTRACT YOU AGREE TO THE FOLLOWING (please initial each line):**

**Adoption Policies**

\_\_\_\_ I am 18 years of age or older and have provided identification showing my present address.

\_\_\_\_ I own my home or have landlord consent to adopt this animal.

\_\_\_\_ I agree to provide this animal with adequate food and fresh water, shelter from the elements, daily exercise and kind treatment at all times.

\_\_\_\_ I agree not to give away, sell or trade this animal, nor will I take this animal to a shelter or otherwise abandon it. I agree to contact PPA immediately if I can no longer care for or keep this animal and further agree to permit PPA to take the animal back into its care at such time. I understand that adoption fees are non-refundable.

\_\_\_\_ I agree to obey any and all animal regulations governing the area in which I live.

\_\_\_\_ I agree to provide the animal with all recommended veterinary care, including monthly heartworm prevention and annual vaccinations. I further agree to provide the animal with prompt veterinary care if it becomes ill or injured. I will not euthanize this animal except in the case of the animal's terminal illness, injury or old age accompanied by pain and suffering. I agree that all veterinary expenses incurred after I adopt this animal are my responsibility and that I will not be reimbursed by PPA for any such expenses.

\_\_\_\_ I agree to have this animal examined by a veterinarian within 21 days of adoption being finalized or by next vaccine due date (whichever comes first), and to email to PPA within 7 days to [adopt@pflugervillepetsalive.org](mailto:adopt@pflugervillepetsalive.org)

\_\_\_\_ I have been provided and read the medical and/or behavioral records for this animal.

\_\_\_\_ I understand that PPA! And the shelter of origin perform a preliminary screening to identify signs of disease or injury in the animals it adopts, however, some diseases or injuries may be incubation or asymptomatic at the time of adoption. You are required to keep track of the policies of your free pet health insurance and follow the instructions should an illness or injury arise.

\_\_\_\_ PPA! will not be held responsible for any medical bills incurred due to ill or injured pets. Any and all veterinary bills incurred by you shall be your sole responsibility. If you are considering euthanasia within the first 6 months of adoption, you will call PPA! Before euthanasia is performed to give PPA! to accept the pet back.

\_\_\_\_ If this animal displays behavior problems, I agree to seek assistance from PPA or another qualified training facility immediately.

\_\_\_\_ I understand that PPA does not guarantee the health, temperament or training of this animal. I agree to accept responsibility for and ownership of this animal at my sole risk and I release PPA and the Adoption Location (if other than PPA) from any and all liability arising out of possession or ownership of this animal.

\_\_\_\_ I understand that failure to abide by the adoption policies listed herein shall permit PPA to take possession of the adopted animal and revoke this adoption contract.

\_\_\_\_ I agree that I have read and understood all conditions of this contract. I agree that all information provided to PPA! is current and accurate to the best of my knowledge. I understand that PPA!, the issuing shelter of origin, and the Key Adoption Location Host PPA!, will not be held accountable or responsible for my animal or its health, behavior, or actions from this day forward.

**Policies specific to cats:**

\_\_\_\_ I agree **NOT** to declaw this pet

**Pet Insurance – \*If you do not have a working email address you will not be eligible for insurance\***

Within 48 hours of your completed adoption, you will receive an email containing instructions on how to activate a free 30 day trial of pet health insurance. **If you do not receive this email, contact [adopt@pflugervillepetsalive.org](mailto:adopt@pflugervillepetsalive.org) immediately. It is your responsibility to enroll in the pet health insurance program within 72 hours of the adoption or the offer is void.** If you choose to enroll, the pet health insurance policy will become effective 48 hours after enrollment and will provide coverage for emergency conditions that occur after the date of adoption.

**Note:** If you adopt an animal who has not yet undergone a spay/neuter surgery, the adoption is considered a pre-adoption and will not be complete until the animal has been spayed/neutered and you will **not** receive this email until 48 hours after the surgery has been completed.

\_\_\_\_ I have read and understand the above insurance information.

**Existing Behavioral and Medical Issues (Initial if applicable)**

\_\_\_\_ The following existing medical issues have been explained to me:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ The following existing behavioral issues have been explained to me:

\_\_\_\_\_  
\_\_\_\_\_

**Pre-Adoption (Initial if applicable)**

\_\_\_\_ The animal I am adopting is not spayed/neutered. I acknowledge that this animal will remain the property of PPA until the surgery has been completed.

\_\_\_\_ A surgery deposit in the amount of \$ \_\_\_\_\_ (cash / check) has been collected and will be refunded to me within 7 days of surgery.

\_\_\_\_ PPA is responsible for providing medical care for this animal until the surgery date and I agree to contact PPA immediately at [adopt@pflugervillepetsalive.org](mailto:adopt@pflugervillepetsalive.org) if any health issues arise.

**I understand that by voluntarily signing this Adoption Contract, I am entering into a legal and binding contract with Pflugerville Pets Alive. I have read and fully understand the terms of this Adoption Contract and agree to abide by the terms herein. I agree that I will relinquish this animal to Pflugerville Pets Alive immediately upon request in the event I breach this Adoption Contract. I agree and understand that neither Pflugerville Pets Alive nor the Adoption Location is liable to me or any other party for any claims, legal actions, injuries, losses, damages, costs, expenses, liabilities, lawsuits or judgments whatsoever in connection with my adoption or ownership of this animal.**

**Signature of Adopter** \_\_\_\_\_ **Date:** \_\_\_\_\_