

**ADOPTION CONTRACT**

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Size: \_\_\_\_\_ Sex: M F

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

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

\_\_\_\_\_ Yes, I would like to receive email updates about HALT

Upon receipt of this pet I agree to comply with the following contractual obligations. Please initial next to each number.

- \_\_\_\_\_ 1) I will provide this pet with proper veterinary care.
- \_\_\_\_\_ 2) I will provide food and clean drinking water for this pet.
- \_\_\_\_\_ 3) I understand there is no guarantee of this pet's age, breeds, future behavior or temperament.
- \_\_\_\_\_ 4) I will keep this pet on my property or under control at all times in accordance with state law.
- \_\_\_\_\_ 5) I will have this pet vaccinated for rabies as recommended by my veterinarian and it will wear a rabies tag.
- \_\_\_\_\_ 6) I will have this pet vaccinated for distemper and any other vaccinations as recommended by my veterinarian.
- \_\_\_\_\_ 7) I will have this pet tested for heartworms as recommended by my veterinarian and keep this pet up-to-date on heartworm preventative
- \_\_\_\_\_ 8) I will transfer microchip information to my name, address, and contact information within one month of adoption. [www.24petwatch.com](http://www.24petwatch.com)
- \_\_\_\_\_ 9) I understand that this pet has been medically screened by a licensed veterinarian and at the time of adoption appeared healthy. I understand that certain medical conditions may be hidden and difficult to detect. At the time of adoption I assume all financial responsibility for any future medical costs.
- \_\_\_\_\_ 10) If for any reason I am unable to keep this pet, I will contact HALT.

I have read and understand the terms of this contract and agree to each of them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_