

Fayetteville/Lincoln County Animal Shelter
 Supported by Humane Society of Lincoln County
 1718 Pulaski Highway
 Fayetteville, TN 37334
 931-433-3726
 critters@ainweb.net

ADOPTION CONTRACT

I WOULD LIKE TO

DONATE MY ALTER DEPOSIT

YES or NO _____

Pet ID #: _____
 PetPoint #: _____
 Description: Dog/Puppy
 Cat/Kitten
 Male/Female
 Altered: Yes/No
 Breed: _____
 Age/DOB: _____

1. I agree to provide proper shelter, food, water and care for this animal. Initials: _____
2. This animal shall be responsibly maintained and not allowed to roam off my property in accordance with current state leash laws. Proper identification will be kept on the pet at all times. This animal will not be chained or tied.
Initials: _____
3. I understand that there is no warranty, expressed or implied by the Human Society of Lincoln County (HSLC) of this animal's age, breed, health, future size, behavior, or temperament. I hereby release and agree to hold harmless the HSLC, its employees, agents, directors, members and successors from any claim, liability or cause of action arising out of or in any way related to, my adoption, ownership or veterinary care of this animal. Initials: _____
4. The animal shall receive annual vaccinations. If this animal has no documentation for receiving a rabies vaccine or spay/neuter, (puppies & kittens at 6 months) I will make an appointment with the vet of my choice within 30 days and have it vaccinated and spay/neutered per Tennessee law. Initials: _____
5. The adopted animal is to have a complete wellness check within one week from the date of adoption. In the event of any irregular symptoms (lethargy, vomiting, loose stool), illness or injury, the animal shall receive immediate medical attention by a veterinarian. I understand any costs incurred after adoption of the animal are my financial responsibility. Initials: _____
6. If the adoption does not work out for any reason within 5 days of the contract date, I can:
 - a. Return the animal to the shelter and if approved by the Shelter Manager exchange it for another animal,
 - b. Or, return the animal to the shelter office to obtain a full refund of the adoption fee. Initials: _____
7. The spay/neuter/rabies voucher issued in conjunction with this adoption can only be used toward the cost of spay/neuter and rabies shot. All spay/neuter/rabies fees in excess of the voucher and any fees for other veterinary services, medications, shots, tests, or exams are my own financial responsibility. Initials: _____
8. If at any time, for any reason, during the life of the adopted animal I am not able to keep it, said animal must be returned to HSLC. Initials: _____
9. If these conditions are not met or this adopted animal is not spayed/neutered within a reasonable time (1 month for adults after adoption or 1 month after kitten or puppy reaches 6 months of age) Fayetteville Animal Control can reclaim the animal and I am liable for any fees or costs incurred arising out of the enforcement of this contract. Initials: _____
10. I agree that I will not have an adopted cat or kitten declawed. Initials: _____

Please print all information

Name: _____ Email Address: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

You are saving a life, not purchasing a product. We do not have any control over the initial condition of the animals that are brought to our shelter and are not able to diagnose and treat every medical condition. The Humane Society of Lincoln County cannot make any guarantees regarding the health of your new pet. Although we do our best to maintain a clean environment, shelter animals may be exposed to contagious diseases. There is no way that anyone can predict which pets will stay healthy and which will become ill. We strongly recommend that you take your new pet to a veterinarian of your choice for a thorough physical examination immediately after adoption.

I am at least 18 years of age, have read and understand the above terms of this contract and agree to all of them.

Signature: _____ Date: _____

Your Pet HAS RECIEVED:	Your Pet NEEDS:
De-wormer: _____ on _____	Wellness Vet Check _____ Rabies Shot _____
Flea/Tick Treatment: _____ on _____	Spaying / Neutering _____ De-worming _____
Vaccines: Canine =DA2PPv Feline= 3-Way	Flea/Tick Treatment: _____
#1 Vaccination on _____ / _____ / _____	Vaccines:
#2 Vaccination on _____ / _____ / _____	#2 Vaccination on _____ / _____ / _____
#3 Vaccination on _____ / _____ / _____	#3 Vaccination on _____ / _____ / _____
#4 Vaccination on _____ / _____ / _____	#4 Vaccination on _____ / _____ / _____
Other: _____	Other: _____