***I hereby acknowledge receipt of the animal described on the adoption contract, in return for which I agree to be bound by and to comply with all the following terms and conditions of adoption (please read each paragraph and initial on the line):***

1. I will provide proper and sufficient food, water, shelter and humane treatment for the animal at all times. \_\_\_\_\_

2. I will take the animal to a veterinarian of my choice for a physical examination within 5 days from the take-home date. \_\_\_\_\_

3. I further understand that the Animal Advocacy Rescue Coalition can make no guarantees regarding the present or future health of this animal. I agree that once this animal has been transferred to me that I am solely responsible for all medical expenses. I further agree that at no time will I hold the AARC, its agents, servants or employees responsible for any expenses that are incurred on behalf of this animal. \_\_\_\_\_

4. I will have the animal immunized, registered, examined annually, and I will ensure treatment at my expense if the animal becomes ill or injured. \_\_\_\_\_

5. I hereby accept this animal AS IS, assume all risk of ownership of the animal, including the risk of injury or damage caused by the animal, including animal bites, and I hereby fully and completely release the AARC, its agents, servants, and employees, harmless from any liability claim. \_\_\_\_\_

6. I will not permit the animal to run at large or to become a public nuisance. I will transfer this animal with a personal carrier or leash and collar at the time of adoption. I also agree to keep means of identification on the animal at all times. In the even the animal becomes lost, I will make every reasonable effort and attempt to relocate and claim the animal. \_\_\_\_\_

7. I will not sell or abandon this animal. I further agree that if I no longer desire to retain the animal, I will make an appointment and return it to the Animal Advocacy Rescue Coalition. \_\_\_\_\_

8. After the adoption is final or in the event I return the animal to the AARC for any reason, I agree that I will at no time assert any claim, charge or demand of any kind or nature against the AARC for any charges which may have been incurred by me, including veterinarian fees, in connection with the animal. \_\_\_\_\_

9. I understand there are absolutely no refunds or reimbursements for incurred expenses. \_\_\_\_\_

10. I understand that some or all of the information provided about the animal may have been received by the AARC from a third party and that the AARC does not warrant the accuracy of said information or represent that the same is true and correct. \_\_\_\_\_

11. I accept this animal with the following special conditions:

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

**ADOPTER: I acknowledge that I have read and fully understand the terms and conditions of the foregoing adoption agreement and that I will comply with the same.**

*I would like to make the following donation to the Animal Advocacy Rescue Coalition in addition to my adoption fee:* \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Microchip Emergency Contact**

**STAFF USE ONLY:**

**Adoption Fee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_**

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

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_