



ANIMAL ADOPTION CENTER

501 N BERLIN RD LINDENWOLD, NJ 08021 ANIMALADOPTION.COM 856.435.9116

ADOPTION AGREEMENT

Adopter Name _____

Address _____

Phone 1 _____ Phone 2 _____

Email _____

Animal ID _____ Name _____ Type _____ Gender _____

ARN _____ DOB _____ Breed _____ Altered _____

CHIP # _____ Age _____ Colors _____ Size _____

Type _____ Age Group _____ Pattern _____ Weight _____

AGREEMENT

The **Animal Adoption Center** ("AAC") understands and agrees to the following:

- We are here to promote a healthy relationship between you and your pet.
- We encourage you to call us with any questions and concerns, and ask that you respond to our follow up calls (one at 1 week, and one at 6 weeks) by phone or email. Do you have a preferred time of contact?

Morning Afternoon Evening Specific Time _____

- Included with your adoption is an offer of 30 days of free pet insurance through **24PetWatch**. You'll need an email address to activate the coverage, and should do it within 24 hours. It can take up to three days to verify.
- We recognize some pet matches may not be successful through no fault of the person or the pet. We will always welcome you and your pet back. If you are able to find a new home for the animal, we ask that you provide us with the new family's contact information so we may continue to provide support.
- AAC strives to provide you with a healthy pet. However, the stress of changing environments can lower an animal's immunity to fight disease, and the pet could harbor an infection without displaying symptoms. Although we provide all vaccinations and deworming meds, we cannot guarantee the health of any animal.

The **Adopter** understands and agrees to the following:

_____ I am 18 years of age or older.

_____ I understand and agree that a) providing false information either on the application for adoption, or verbally in connection with the adoption; b) neglecting or abusing the animal; or c) violating any provisions of this agreement, may result in Animal Adoption Center ("AAC") reclaiming the animal, in which event no refund is due.

_____ (If applicable) I understand I am adopting this animal with the following diagnosed condition or fault, and realize that this animal may need further training or treatment (notes below, if needed).

Continued on Reverse

- _____ I will take the animal to a veterinarian within 7 days of adoption for a general physical examination and any necessary vaccinations, deworming, medications, or medical treatment, at my own expense.
- _____ I may return the animal within 14 days for a previously undiagnosed health reason verified by a licensed veterinarian. AAC does not reimburse medical costs.
- _____ I will notify the proper authorities, as well as AAC, should the animal become lost or missing.
- _____ I will provide a humane environment, regular exercise, and companionship for my pet. I will have the animal inoculated against rabies, and abide by all applicable animal control laws.
- _____ I will provide the animal with a proper collar and all necessary ID, license, and rabies tags.
- _____ I will keep the animal safely inside my residence. When outside, the animal will be supervised and confined within a fenced area, or on a leash.
- _____ I will not trade, sell, or permit the animal to be used for the purposes of breeding, medical research, experimentation, or hunting.
- _____ I will contact AAC if I am unable to continue to provide care for the animal, allowing time for the shelter to evaluate its ability to reclaim the animal, or assist in providing supportive arrangements.
- _____ Should AAC learn of neglect or abuse on the part of the adopter, or other behavior that might jeopardize the safety of the animal, all legal means available will be applied to secure the wellbeing of the animal, including notification of Animal Control, local, or state authorities.
- _____ I understand and agree that AAC makes no express or implied warranty, representation, or promise as to the age, health, breed, habits, disposition, or safety of the animal. I hereby accept the animal as is, assume all risks and responsibilities associated with the ownership of the animal, and also hereby fully and completely release, indemnify, and hold harmless AAC, its trustees, officers, volunteers, and employees from any claim, cause of action, or liability of any sort or nature, whether known or unknown, directly or indirectly arising out of or in connection with the adoption, care or ownership, maintenance, temperament, or condition of the animal.

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.

Signature of Adopter _____ Date _____

Signature of AAC Staff Member _____ Date _____

Adoption Fee: _____

Donation (tax deductible): _____

Total: _____



**Thank you for
saving a life
today!**