

Kennel # _____

VERDE VALLEY HUMANE SOCIETY

1502 W. Mingus Ave.
P.O. Box 1429
928 634-7387

ID # _____

ADOPTION AGREEMENT

I, _____ understand that my new pet will be spayed/neutered by Verde Veterinary Hospital on _____ or within _____ days if underage. I understand that all animals of age will be transferred from VVHS to Verde Vet the morning of surgery and that I will call Verde Vet (634-7538) after 12 pm that day and arrange a pick up time on that same day.

The yellow copy of this agreement entitles me to \$_____ towards the routine spay/neuter of the animal. If the animal is too young to be altered and you use the vet of your choice instead of our contracted vets (Verde Vet), any additional vet charges will be at your expense. VVHS will only pay the contracted price for spay/neuter and contracted rabies vaccine price to your vet. All other charges your responsibility. **THE ANIMAL BECOMES PROPERTY OF THE ADOPTER AFTER SPAY/NEUTER IS COMPLETE.** This complies with ARS 11-1022

TERMS AND CONDITIONS

I UNDERSTAND THE FOLLOWING:

- That there is a 14 day "trial period" in which the animal may be returned to VVHS. If the animal is returned within the 14 days and no animal is chosen the same day, I will have 90 days from that day to make the exchange.
- That if I choose not to exchange the animal, there are NO REFUNDS except in cases of animal illness.
- That I am entitled to a FREE VET VISIT WITHIN 5 DAYS OF THE ADOPTION DATE at Verde Vet, our contracted provider. If animals are taken to an clinic other than Verde Vet, VVHS will not be responsible for any fees for the exam. Please ask your vet if they honor our free five-day vet visit if charges are a concern for you.
- That this animal will not be used for testing purposes or ritualistic ceremonies, and not subjected to cruelty or suffering.
- That I agree to provide vet care, vaccinations, food, fresh water, shelter and make this animal a part of my family. If these conditions are not met, it will result in Animal Control confiscating the animal and returning it to VVHS.

DISCLAIMER: Because VVHS has no way of knowing an animal's complete medical history, we cannot guarantee the health of the animal and will not be held responsible should a problem arise. Your animal will be examined before surgery to make sure your animal is healthy. If there is a health issue, bring the animal back to VVHS. If you choose to provide health care, it will be at your expense, VVHS will accept no responsibility or liability. If your animal isn't old enough to be altered, use your FREE FIVE-DAY vet visit to make sure the animal is healthy.

ANIMAL ADOPTION INFORMATION

DOG CAT SEX: M F F/S M/N AGE _____ VVHS I.D. _____ NAME _____

BREED _____ DESCRIPTION _____ PREV. VET _____

VACCINATIONS AND DATE GIVEN: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND WILL ABIDE BY THE TERMS

Please print

Adopter's name _____ Home # _____ Work # _____

Mailing address _____ City _____ Zip _____

Physical address _____ City _____ Zip _____

Adopter's signature _____ Date _____ Shelter Emp. _____

Adoption fee \$ _____ RV \$ _____ License \$ _____ Sponsor Credit (if any) \$(_____) Total paid \$ _____

E-MAIL Address _____ Original impound date _____ Jurisdiction _____

Surgery date _____ at Verde Vet Hospital