

# Creature Comforts Adoption Agreement

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

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

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## REFERENCES (It will take 2-5 days for a reference check if you are NOT a current Creature Comforts client)

1) Name: \_\_\_\_\_

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

2) Name: \_\_\_\_\_

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

3) Name: \_\_\_\_\_

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

Previous Veterinarian: \_\_\_\_\_

Pet Requested: \_\_\_\_\_

## ADOPTION CONDITIONS

I, \_\_\_\_\_, agree to adopt the pet requested from Creature Comforts Veterinary Service (hereafter C CVS). I understand that I am bound by the following conditions:

(please initial each condition)

\_\_\_\_\_ Any pet adopted from C CVS will be a house pet (no tied outside dogs, cats indoors only).

\_\_\_\_\_ I will continue to bring my pet to C CVS *exclusively* for regular health maintenance and unwellness visits. This pet must remain a patient of the C CVS.

\_\_\_\_\_ I will provide annual vaccinations and any other services needed for the welfare of this pet.

\_\_\_\_\_ My donation of \$35 will be used for the continued care of other stray and adoptable animals at C CVS. If I return this pet to C CVS within 72 hours of adoption, I am entitled to a refund of the adoption donation.

\_\_\_\_\_ If this pet is not spayed or neutered at the time of adoption, it must be scheduled to be spayed or neutered within two months of this adoption. When the pet is spayed or neutered at C CVS, I understand that I will receive a discount of \$25 off the price of the procedure.

\_\_\_\_\_ To the best knowledge of C CVS, this pet has been released to me in good health<sup>\*\*</sup>. If I have any concerns with this pet's initial health conditions, I must report them within 72 hours of adoption.

\_\_\_\_\_ I will not hold C CVS liable for any actions of this pet while in my care.

\*\* All cats have been tested for feline leukemia and vaccinated; all dogs have been heartworm tested; all pets up for adoption have been checked and treated (if needed) for internal parasites.

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

Signed: \_\_\_\_\_

C CVS Employee: \_\_\_\_\_