



Pet Adoption Agreement

Date: _____ Pet's Name: _____ Species: _____ A#: _____

Adopter's Name: _____

Mailing Address: _____

Phone _____

Physical Address: _____

Email Address: _____

Fenced Yard _____

Do you have other pets?(Description): _____

Pet would live _____

Are current pets altered and current on vaccines? _____

Ages of household children: _____

Personal Reference:

Name: _____ Phone: _____

Relationship: _____

The Tobacco Valley Animal Shelter (TVAS) understands and agrees to the following:

- We are here to promote a healthy relationship between you and your pet.
- We understand that the stress of shelter life may cause your new pet to behave abnormally when he/she first arrives at your home. It may take several weeks for your new pet to settle in with your family as he/she has been through many changes. Your Adoption Specialist is available by phone or email to answer any questions you may have.
- We recognize some matches may not be successful through no fault of the person or the pet. We will welcome you and your returned pet back. Please call us at 406-889-5457 to schedule an appointment. If you rehome this pet, we ask that you provide us with the new family's contact information so we may continue to provide support to this pet. We also have resources available at our facility to assist families with the rehoming process.
- We believe training is a crucial component of having companion animals, and pets

thrive in an environment that provides them with clear structure and communication. TVAS advocates for training methods with an emphasis on rewarding desired behaviors and discouraging undesirable behaviors, using clear and consistent instruction. We offer several resources for pets and their families.

- TVAS 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 or medical condition without displaying symptoms. Please keep in mind that most upper respiratory infections have an incubation period of up to 10 days, meaning that even a pet looking healthy today may come down with an illness in a week. We cannot guarantee the health of any animal.

Adoption Discussion Topics *(to be filled out by your Adoption Specialist):*

In consideration of receiving/adopting the animal described above from the Tobacco Valley Animal Shelter I certify/agree to the following:

- I am 18 years of age or older.
- Each animal will come with a vaccination record upon adoption, (we strongly recommend taking your new pet to your vet for an exam within 7 days) any additional vaccinations, deworming, medications, medical treatment or surgery will be at my own expense. TVAS is funded by donations and is unable to reimburse for medical bills.
- I may return this pet for an exchange or adoption refund within 14 days of adoption. Please call to schedule an appointment.
- I will provide a humane environment, proper food, appropriate exercise and companionship for my pet.
- I agree not to permit this pet to be used for the purpose of experimentation or vivisection.

Read and initial the following:

_____ I understand that by law, pets adopted from the **Tobacco Valley Animal Shelter** MUST be spayed/neutered. I agree to return this pet for spay/neuter at the appointed time OR will provide documentation from a licensed veterinarian that my adopted pet has been spayed/neutered by the date listed below. I understand that if I miss this appointment without notifying TVAS 2 business days in advance I am fully responsible for the cost of having this pet fixed at a later date. If I fail to comply, I agree to surrender my pet back to **Tobacco Valley Animal Shelter**. Spay/Neuter appt: _____ @ _____

_____ I understand and agree that the Tobacco Valley Animal Shelter makes no express or implied warranty, representation or promise to the age, health, breed, habits, disposition or safety of this animal. I hereby accept the animal as is, assume all risks and responsibilities associated with the ownership of the animal, including bites, and I hereby fully and completely release, indemnify and hold harmless the Tobacco Valley Animal Shelter, its directors, officers, volunteers, servants, 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 understand that the Tobacco Valley Animal Shelter cannot guarantee the health of this animal and that any additional vaccinations, deworming, medications, medical treatment or surgery needed for any medical or surgical issues will be at my own expense. The Tobacco Valley Animal Shelter is funded by donations and is unable to reimburse for medical bills.

_____ I understand that any recommendations made regarding the placement and/or representations of the disposition of this pet are not a guarantee of future behavior.

_____ I understand the Tobacco Valley Animal Shelter makes no representation, guarantee or warranty that the animal does not bite.

_____ I agree to the use of my and my family's photograph, name(s) and audio or video recordings by the Tobacco Valley Animal Shelter for the use in general publications, public relations, promotions and advertising. *(optional)*

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Pet Adoption Agreement and that I will comply with the same.

Adopter Signature:

Date:

Adopter Printed Name:

Staff Initials:

Adoption Fee Paid: \$

Date:

