



P.O. Box 235

Benicia, CA 94510

(707) 552-3323

# Adoption Contract

### Adopter Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ **Terms**

I agree that Solano County Friends of Animals (SCFOA) must approve of any transfer of ownership of the pet described below at least 10 days in advance of the transfer. I also agree to notify SCFOA if I am unable to keep this pet for any reason.

I agree that I will provide a clean and adequate shelter, food, water, preventive health care and veterinary care for my adopted pet.

Although SCFOA tries to adopt only healthy animals, SCFOA does not guarantee the health of any animal adopted. I understand that the previous owner and SCFOA make no representations or warranties, expressed or implied, about the adopted animal's temperament and is hereby resolved from any liability for future damages or injuries caused by said animal. I also understand and agree that neither the previous owner nor SCFOA give any guarantees, expressed or implied about the suitability of the animal to the adopter and/or his family.\*

I agree that the adoption fee helps cover adoption expenses and if the animal is returned more than 30 days after the initial adoption day the adoption fee will not be returned.

I understand that there is a \$25 charge for all returned checks.

I have received a copy of the adopted animal's veterinarian records.

\*SCFOA partners with local veterinarians to offer you a free well-pet exam within 10 days of adoption when you present your adoption contract. We advise that you have your new pet checked by a veterinarian before introducing him to your other pets. This entitles you to an exam only – you will be charged for vaccinations, lab tests, or other procedures. Ask a volunteer for participating veterinarians.

Adopter Signature \_\_\_\_\_ Date \_\_\_\_\_

**BELOW THIS LINE TO BE FILLED OUT BY SCFOA VOLUNTEER**

Dog/Cat Name \_\_\_\_\_ Description \_\_\_\_\_ Approx Age at adoption \_\_\_\_\_ Sex \_\_\_\_\_

Microchip # \_\_\_\_\_ Foster Name \_\_\_\_\_ Foster Phone (optional) \_\_\_\_\_

FeLV Date \_\_\_\_\_ Pos / Neg \_\_\_\_\_ S/N Date \_\_\_\_\_ FVRCP or DHPP Vaccine Dates \_\_\_\_\_

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Adoption Counselor \_\_\_\_\_ Fee Paid \_\_\_\_\_ Cash/Check \_\_\_\_\_