

Amount \$ \_\_\_\_\_

Animal Name \_\_\_\_\_

Cash \_\_\_ Check \_\_\_ PayPal \_\_\_

Animal ID# \_\_\_\_\_

### Animal Shelter Volunteers of Texas (ASVT) Conditional Adoption Contract

I, the undersigned Adopter, understand and agree to the following terms of this contract in order to adopt the dog / cat further described within this document. I understand that non-compliance with the terms of this agreement gives the Animal Shelter Volunteers of Texas (ASVT) the right to reclaim this animal without refund of the adoption fee or other compensation. The contract shall remain in effect for the life of the animal, or until the return of the animal to ASVT. **The contract is conditional unless or until the animal is altered.**

**Description of Dog / Cat:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Spay/Neuter: \_\_\_\_\_ Color/Description: \_\_\_\_\_

Animal ID# \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Spay/Neuter Surgery Date/Location: \_\_\_\_\_

**Terms and Conditions of the Adoption Contract:**

\_\_\_\_\_ An adoption fee of \_\_\_\_\_ will be collected from the adopter at the time of adoption. This amount includes / does not include a refundable deposit of \_\_\_\_\_.

\_\_\_\_\_ **I agree that I will keep and care for this animal in a safe and humane manner, and as a family pet and companion. The animal will have appropriate food, water, shelter, compassionate treatment and medical care for the duration of its life.**

\_\_\_\_\_ I agree not to sell or allow the animal to be used for purposes of vivisection, experimentation, dog fighting or any criminal activity that abuses, neglects or injures this animal.

\_\_\_\_\_ I agree to abide by all state and local animal control and leash laws. I understand it is my responsibility to become familiar with these laws and to license the animal according to all regulations.

\_\_\_\_\_ I will not permit the animal to run at large or to become a public nuisance. I will keep means of identification on the animal at all times. I will immediately retrieve the animal from any public or private shelter when notified the animal is being held at any such locations. In the event the animal becomes lost, I will make every reasonable effort and attempt to locate and claim the animal.

\_\_\_\_\_ **I shall inform ASVT if I am no longer able to care for this animal and with sufficient time for ASVT to exercise their retained Right of First Refusal and to reclaim the animal.**

\_\_\_\_\_ I agree to provide ASVT the name and contact information of a person who has agreed to take responsibility for this pet in the event I can no longer care for it. ASVT agrees to keep this information with the pet's record

\_\_\_\_\_ I understand that the information provided to me about this animal may have been received by ASVT from third parties and that ASVT does not warrant the accuracy or correctness of such information.

\_\_\_\_\_ I understand that ASVT, its volunteers, agents, servants or representatives make no guarantees or warranties regarding the health or temperament of this animal. I agree to be fully and solely responsible for this animal, and for any damages that may result from its actions. ASVT, its directors, officers, volunteers, agents, servants or representatives, shall not be held liable for the behavior of this animal or any damages it may cause.

\_\_\_\_\_ **If the animal is not altered at the time of release pursuant to the provisions of the Texas Health and Safety Code §828.002, I agree and commit to having the animal sterilized within 30 days from the date of this contract. I further agree to provide proof of sterilization to ASVT within 7 days of such procedure. I**

understand that failure to do so will result in the issuance of a citation for a violation of the Texas Health and Safety Code §828.002.

\_\_\_\_ I understand ASVT reserves the right to terminate this contract and I MUST return the animal immediately if the animal is not altered within the prescribed time above.

\_\_\_\_ I understand that my refundable deposit will be returned after I submit proof of spay/neuter surgery. Acceptable proof is a copy of the invoice or a certificate of spay/neuter.

\_\_\_\_ I am aware of and will be responsible for providing the (2nd / 3rd) set of puppy/kitten vaccines (DAPPv / Bordetella / FVRCP) on \_\_\_\_\_ (date) as well as all future vaccinations.

I enter into this contract of my own free will and understand that this is a binding contract enforceable by civil law. I am 21 years of age or older.

Adopter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adopter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

The person who has agreed to care for this pet in the event I am no longer able to is: \_\_\_\_\_

To the best of my knowledge, this companion animal has no defects which make it unsuitable as a family pet and all information contained in this contract is true and correct. I certify that this companion animal has never bitten or injured any human.

ASVT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASVT Representative: \_\_\_\_\_



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