



P.A.W.S. of Dearborn County Humane Center

200 Charles A. Liddle Drive

Lawrenceburg, IN 47025

Phone: 812-577-0829 Fax: 812-577-0833

Website: www.pawsofdearborncounty.org

Dedicated to improving the lives of homeless animals

Terms and Conditions of Adoption

In order to be considered for adoption, please read carefully, initial that you have read and understand, and sign the terms and conditions set forth by the P.A.W.S. of Dearborn County Humane Center (PHC).

Pet Name: _____ **Dog** **Cat** **Intake Card Identification #:** _____

____ I understand that by signing this agreement, I am required to return this animal to the P.A.W.S. of Dearborn County Humane Center (PHC) if I can no longer care for or can no longer keep this animal for any reason.

Health & Behavior Disclaimer:

There is NO health or behavior guarantee with your adopted pet. It is possible that he/she may have been exposed to an illness while at the shelter. We strongly recommend that your home dog be vaccinated for kennel cough prior to taking your new adopted dog home. It is also recommended that you keep your new pet in a separate area of your home for several days, away from your other pets, to lessen the spread of possible illness.

____ I understand that this animal has not been examined by a veterinarian unless noted otherwise, and that the PHC makes **NO GUARANTEES** about the animal's health, age, temperament, breed or mental disposition. Pet age and breed have been estimated. I further agree that PHC is under no obligation to reimburse me for any medical treatment, expenses or fees incurred in connection with this animal.

____ I agree to take this animal to a licensed veterinarian within 7 days of adoption and for yearly preventative care or any other necessary medical care.

____ I agree to contact the PHC if my pet becomes ill within the first week of adoption. Because the PHC cannot guarantee the health of the pet(s), the PHC will not be covering any medical bills that may be incurred. I agree that if I am unable to cover any medical costs, that I am free to return the pet to the PHC for an exchange or refund."

Animals Not Yet Spayed or Neutered:

____ I agree not to use the animal for breeding purposes.

____ I understand that if the animal is not already spayed or neutered at the time of adoption, arrangements will be made by PHC to have the pet altered. In the event that arrangements are not made through PHC, I agree to follow all policies regarding spay/neuter of my pet *per* Dearborn County Ordinance below:

Dearborn County Animal Control Ordinance 90.53

Any animal adopted from any source, with exception of breeding stock, must be spayed or neutered by a veterinarian, with the cost paid by the adopter. If the animal is an adult, such operation shall be performed within one month of adoption. If the animal is young, it shall be spayed or neutered as follows: Six months unless otherwise advised by a veterinarian. Any animal not so neutered or spayed may be reclaimed by an Animal Control Officer without refund to the adopter.

____ I agree to not sell, give away or abandon the animal.

____ I agree that this animal will not be used for experimental, inhumane or illegal uses (e.g. dog fighting). I will not subject the animal to abuse or cruelty.

The P.A.W.S. of Dearborn County Humane Center is a non-profit 501(c)(3) charity.

____ I agree to provide this animal with proper food, water, and suitable living accommodations at my primary residence for so long as I shall maintain custody. Further, I agree to keep the animal in my custody as a loved companion.

____ I agree to the following:

- A. The animal will live inside my home and not be kept as an outdoor pet, unless by special permission granted by PHC. An outdoor pet is defined as one that lives in a dog house, patio, garage, or kennel system.
- B. CHAINING DOGS OUTSIDE IS NOT PERMITTED.
- C. If a tie out or cable is used for my pet to relieve itself outdoors, then it is only recommended with *supervision*. My pet should never be tethered for extended periods of time, especially in an area where they can get wrapped around furniture or other fixtures (trees, shrubs posts, or poles), or potentially hang themselves (e.g. a deck).
- D. My pet should be safely contained on my property in accordance with all applicable state and local regulations, and, if the pet is a dog or puppy, to license it yearly for the lifetime of the animal.
- E. P.A.W.S. of Dearborn County Humane Center may visit my home in the future to verify living conditions. Furthermore, I agree to surrender ownership of this animal to a PHC representative if the PHC determines that the animal's living conditions are not satisfactory, or if I am found in breach of any portion of this Adoption Contract.
- F. If I lose my pet I will report it to P.A.W.S. of Dearborn County Humane Center within 48 hours.

____ I understand that I am receiving 30 days of free ShelterCare Pet Insurance which is being offered by a third party provider as a gift for adopting from PHC. Any claims, issues or communications regarding this insurance plan are to be settled between myself and the Pet Health Insurance provider. The insurance will not cover any pre-existing health conditions.

Additional Comments (Staff Only):

Release/Waiver

I accept this animal as is and assume all risks and responsibilities of pet ownership including but not limited to any injury or damage caused by the animal (e.g. animal bites), any damage which the pet may do to any person or property, and any treatable medical conditions that should arise. On behalf of myself, and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless P.A.W.S. of Dearborn County & Humane Center and its respective directors, officers, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with the adoption of this animal from the P.A.W.S. of Dearborn County Humane Center.

I have read and understand this contract and agree to all the terms and conditions of responsible pet ownership described herein.

Please Print Name _____

Adopter's Signature _____

Date _____

PHC Representative _____

Date _____