

Kootenay Animal Assistance

PROGRAM SOCIETY



PET ADOPTION CONTRACT

Animal Name: _____ KAAP#: _____ AGE: _____

DOG or CAT

MALE or FEMALE

Spayed/Neutered: Yes No

Applicant Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Physical Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

In consideration for receiving the herein described animal, I agree upon signing, to pay the adoption fee set out below and to comply with the following conditions. Failure to comply with any of the conditions may result in the reclamation of the said animal to the Kootenay Animal Assistance Program Society (KAAP) volunteers without the adoption fee refunded.

1. I will treat this animal humanely at all times.
2. He/she will always have adequate food, water, shelter and supervision.
3. I will ensure that this animal is not physically, emotionally or mentally abused.
4. If not done so already, I agree to have this animal spayed or neutered within thirty (30) days or at a date deemed appropriate by KAAP.
I understand that if I choose to not participate in KAAP's spay / neuter program, and elect to have the animal spayed/neutered at my own vet, KAAP will only reimburse me for their costs for a for a similar surgery performed before 16 weeks of age. I agree to have this animal (if female) spayed before 5 months of age, or (if male) neutered before 7 months of age.
5. I understand this animal may be reclaimed by a representative of the KAAP if Item 4 above is not upheld.
6. I understand this animal will NOT be allowed outside unattended until after she/he has been spayed or neutered.
_____(please initial)
7. I will not hold KAAP, its agents or volunteers, or the veterinarian, responsible for any unforeseeable complications due to the spaying / neutering of this animal.
8. I agree to have identification on this animal at all times in the form of an ID tag and/or tattoo.
9. I will not have this animal destroyed unless on the advice of a veterinarian.

10. I will not release this animal for medical or veterinary experimentation or permit him/her to be used for breeding purposes.
11. I understand that the KAAP accepts no responsibility for the present or future behaviour and actions of this animal.
12. I understand all medical costs from this day forward including, but not limited to, vaccines, medications, veterinary expenses, food and shelter are my sole responsibility. _____please initial
13. I will not subject this animal to any cosmetic or unnecessary surgery including, but not limited to, de-clawing, ear cropping, tail docking or vocal cord removal without prior consultation from a KAAP representative.
14. I will allow a KAAP representative to visit my home and inspect my pet/home, upon request, if they choose to do so. If, in their opinion, the animal is not receiving proper care, I will release the animal immediately and unconditionally back to KAAP.
15. I agree to take this animal to a veterinarian for regular health exams.
16. I understand that KAAP must approve of any re-homing and has the right of first refusal should I decide I no longer want this animal or am unable to care for it. _____(please initial)
17. The adoption fee of \$_____ is paid herein. I understand that this adoption fee is non-refundable.

Signature: _____

Date: _____

KAAP Representative: _____

Any false or misleading information provided in this contract and the adoption application may result in voiding of the contract. If the contract is deemed null and void, a KAAP representative may reclaim the animal.

Disclaimer: KAAP will not knowingly place an animal that is not in good health, or place an animal with any known medical condition without disclosing all the information prior to placement. However, no guarantee can be given regarding any unknown or undiscovered health problems at the time of this adoption. To ensure adequate protection against common infectious disease, consult your veterinarian.