

# Collin County Humane Society Adoption Contract

\_\_\_\_\_  
**Name of Dog/Puppy**

\_\_\_\_\_  
**BREED**

\_\_\_\_\_  
**AGE**

\_\_\_\_\_  
**COLOR**

**Adopter agrees to indemnify and hold harmless, Collin County Humane Society (HEREINAFTER REFERRED TO AS "CCHS"), and their agents, employees, representatives, volunteers, or board members, for any damages and/or injuries to any person, property, or other animals as a direct or indirect result of the adoption and/or receipt of this animal. Further, Adopter indemnifies and releases Collin County Humane Society from any and all past, present and future liability, claims, rights, damages, debts, costs, causes of action, and demands of any kind whatsoever, whether based in tort, contract, or other theory of recovery, including, but not limited to any claim for personal injuries or loss of services or loss of consortium, which the Adopter or their heirs, administrators, or assigns, ever had, nor have, or may have in the future have, against Collin County Humane Society and for its employee or volunteers, arising by reason of or in any way related to or connected with, or that may be traced, either directly or indirectly to the adoption of the said animal.**

**I attest to the following:**

1. I am an Adult with responsibility for maintaining the adopting household
2. I have a fenced yard which I will maintain securely. A home visit by a Collin County Humane Society (CCHS) representative may be required.
3. If there is no fenced yard, I agree to exercise my dog daily and work diligently to implement all necessary training and/or potty training.
4. I have the knowledge and consent to adopt a dog or puppy by all adults living in household.
5. I am and will be able and willing to spend the time and money necessary to provide for the training, medical treatment and proper care for the pet as well as to keep him/her current on heartworm preventive and vaccinations for the entirety of the dog's life.
6. I will place personal ID on the animal immediately upon adoption.
7. I will provide an environment for the animal that will keep him/her safe and secure.
8. In addition, I promise to provide food, shelter, love, all medical attention that my pet requires, and will never allow this pet to ride in an uncovered vehicle, such as a back of a pickup truck.

**I certify that the items stated and initialed below are true and factual:**

- \_\_\_9. I understand that if I have any children under the age of 12, they must be present when meeting the dog up for adoption.
- \_\_\_10. This is not a Gift Adoption. I understand that CCHS will not allow the pet to be adopted by anyone other than myself, the intended owner as stated on the application.
- \_\_\_11. NO ADOPTION to any person(s) who has turned in their own pets to a shelter.
- \_\_\_12. CCHS will not adopt out any of our dogs to a home that currently has an "outside" dog, no matter what size.
- \_\_\_13. CCHS will not adopt to any person(s) that currently own an unaltered dog or cat. ALL pets must be spayed/neutered.
- \_\_\_14. Understand that Collin County Humane Society has the right to either deny or approve your adoption application without explanation

**Please initial by each item below to certify that you agree to comply with the following statements:**

- \_\_\_ 1) I have the resources to make a tax-deductible, non-refundable donation.
- \_\_\_ 2) I agree to provide the pet with an indoor home and consider the pet as a member of the family. (*CCHS reserves the right to follow up with adopters and if we find out that the adopted pet is being left outside we have the right to regain custody of the dog/puppy and the adopter will be subject to a fine of \$500. Furthermore, CCHS holds exclusive rights purchase the dog/puppy from the adopter*).
- \_\_\_ 3) If the dog/puppy I am adopting is not already altered, I understand that all CCHS pets are neutered/spayed ("SN") on their pre-scheduled appointment dates at Parker Animal and Bird Clinic ("PABC"). This appointment can only be rescheduled for medical emergencies and must be cleared by at vet at PABC. I understand that CCHS will not accept letters from vets outside PABC requesting that the S/N appointment is moved.
- \_\_\_ 4) If the dog/puppy I am adopting is not already altered I have received their S/N appointment date and will bring him/her to PABC on the date as agreed upon by CCHS.

\_\_\_\_\_ 5) DONATIONS: Unless otherwise noted in the dogs online bio, the minimum donation on all dogs is \$200.00 and the donation for puppies 6 months old and under is \$250.00. It is estimated that we spent an average of \$300.00 on each dog in our care. This estimate includes medical, boarding and food. Your donation allows us to continue our rescue and adoption efforts.

\_\_\_\_\_ 6) I AM CONTRIBUTING A \$\_\_\_\_\_ DONATION TO CCHS IN RECOGNITION OF THE CARE THEY HAVE PROVIDED FOR MY ADOPTED PET. I UNDERSTAND THAT I HAVE FIVE (5) DAYS IN WHICH TO RETURN MY ADOPTED PET AND RECEIVE A FULL REFUND OF THIS DONATION. I UNDERSTAND THAT IF I DO NOT RETURN MY PET WITHIN FIVE (5) DAYS, THIS DONATION WILL BECOME NON-REFUNDABLE.

\_\_\_\_\_ 7) If any health related problem occurs during the 5 day trial period, I understand that I may contact CCHS for help w/ such issues; I understand that CCHS WILL NOT reimburse for vetting that does not have prior authorization from the Board of Directors of CCHS. I understand that by electing to take my dog/puppy to a vet WITHOUT written authorization, you forfeit your right to have CCHS pay for services.

\_\_\_\_\_ 8) I understand that CCHS does NOT Guarantee the Breed, Weight, Age, Temperament and Health of the dog/puppy you are adopting.

\_\_\_\_\_ 9) IN THE EVENT THAT I AM UNABLE TO KEEP MY ADOPTED DOG, I WILL INFORM COLLIN COUNTY HUMANE SOCIETY AS SOON AS POSSIBLE. I ALSO HEREBY AGREE TO KEEP THE ANIMAL FOR A MAXIMUM OF 14 DAYS OR UNTIL CCHS CAN FIND A SUITABLE HOME FOR HIM OR HER, WHICHEVER IS SOONER.

\_\_\_\_\_ 10) I understand that under no circumstances is a dog/puppy that is adopted from CCHS allowed to be taken to a shelter, given or sold to someone other than the adopters whose signature is on this adoption agreement.

\_\_\_\_\_ 11) I understand that there is a 5 day trial window. During this period, I have the opportunity to make certain that the dog or puppy is right for my family and lifestyle. The 5 day trial begins the day that this contract is signed and the trial period is over at midnight on the 5<sup>th</sup> day. At the end of my trial period, the adoption is finalized and the adoption fee will be deposited.

\_\_\_\_\_ 12) Should I decide to return the pet adopted from CCHS at any time post the 5 day window, I will not get my money back; however I understand that I am REQUIRED to return the dog/puppy to CCHS IF I DECIDE AT ANY TIME THAT I DO NOT WANT TO KEEP MY ADOPTED PET ANY LONGER.

\_\_\_\_\_ 13) I understand, and agree, not to have cosmetic surgery performed on the dog/puppy that I am adopting from CCHS. This includes but is not limited to: ear cropping; front dew claw removal; tail docking, and; debarking.

\_\_\_\_\_ 14) IF I LOSE THE DOG I ADOPTED FROM CCHS BEFORE THE FIVE DAY TRIAL PERIOD HAS EXPIRED, I UNDERSTAND THAT THE ONLY WAY A REFUND WILL BE ISSUED IS WHEN/IF THE DOG RETURNS TO THE CCHS ADOPTION PROGRAM.

**Failure to adhere to the contract can and will subject you to lawsuit for breach of contract and liquidated damages of \$500.00 plus court costs and return of the dog to Collin County Humane Society custody. Although CCHS does not wish to file suit, for the sake of the dog, we will prosecute if this contract is not followed and we appreciate your understanding in this matter.**

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

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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Signature of Volunteer                      Date