

***Foxcroft Veterinary Services***  
***Adoption Agreement***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge receiving a pet from Foxcroft Veterinary Services identified as follows:

FVS Code \_\_\_\_\_ Name \_\_\_\_\_

Approximate Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Microchip/Tattoo Number \_\_\_\_\_ Weight \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Puppy \_\_\_\_\_ Kitten \_\_\_\_\_ (Check One)

Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered Male \_\_\_\_\_ Spayed Female \_\_\_\_\_ (Check One)

Vaccination History \_\_\_\_\_

\_\_\_\_\_

Deworming History \_\_\_\_\_

I agree (please initial each statement):

\_\_\_\_\_ To provide proper and adequate food, water, housing, exercise, and grooming for this pet and to treat him/her humanely at all times.

\_\_\_\_\_ To provide veterinary care in the form of vaccinations, preventive heartworm medications as appropriate, and such veterinary medical care as is necessary to prevent and/or treat accidents and illnesses.

\_\_\_\_\_ To obey local licensing and animal confinement laws.

\_\_\_\_\_ Not to sell, give away or abandon the animal if I no longer desire it but, instead, to return him/her to the above veterinary practice. I understand the adoption fee will not be returned to me.

\_\_\_\_\_ Not to use this animal for experimental purposes, allow him/her to engage in dog fighting, or pursue any guard dog or attack dog training with him/her.

\_\_\_\_\_ That if this pet has not been spayed or neutered, I will have him/her spayed or neutered when he/she reaches six months of age. The cost of the spay or neuter is included in the cost of the adoption.

Certificate Number: \_\_\_\_\_ Date given: \_\_\_\_\_

I agree (please initial each statement):

\_\_\_\_\_ That my place of residence in a home, apartment, condominium, town house, public housing complex, or other housing complex allows for the ownership and occupancy of the pet I am adopting.

\_\_\_\_\_ I have been informed that all animals can carry and transmit diseases, some of which affect people, including bacteria, viruses, parasites and ringworm, and that these diseases may be undetectable in what appears to be a healthy animal at the time of adoption.

\_\_\_\_\_ I am aware that pets may exhibit normal but potentially undesirable behaviors including, but not limited to, aggression, house soiling, biting, scratching (people furniture, and woodwork), barking, digging, marking with urine (dogs), and spraying urine (cats), and that these normal behaviors patterns may be difficult to manage. No one at this facility has told me that this pet will not engage in any of these behavior patterns.

\_\_\_\_\_ The above veterinary practice is in no way responsible for any damage the animal may inflict on another person, my property, or the property of another, and no attempt will be made by me to hold the above practice responsible.

\_\_\_\_\_ I am aware that costs to feed, house, train, license and provide veterinary care for a pet can be costly. I am financially able to meet and will pay these expenses for my adopted pet.

\_\_\_\_\_ I accept the animal as it is at the time of adoption and understand that the above veterinary practice is not responsible for any medical conditions not readily detected prior to or at the time of this adoption or discovered after such adoption.

\_\_\_\_\_ I have read this agreement and release the above practice from any present or future liability associated with my adoption of this animal.

\_\_\_\_\_  
Signature of Adopting Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date