

Please call 409-296-9811 to ensure the availability of the animal you wish to adopt. Thanks!

New Client number# \_\_\_\_\_

ADOPTF entered in Avimark \_\_\_\_\_

PETPA(PETSMART) \_\_\_\_\_ or BMT

PETCOPA(PETCO) \_\_\_\_\_ or BMT

BPAPetw(Petsmart Wallisville) \_\_\_\_\_

BPAShelter(BMT) \_\_\_\_\_

Foundmic - Microchip Found Animals \_\_\_\_\_ Intake \_\_\_\_\_ Outake \_\_\_\_\_

WHERE DID YOU FIRST SEE THIS PET? Facebook or PetFinder, Adopt-a-pet or Adoption Event or Other (please Circle choice



## PET ADOPTION CONTRACT

Microchip sticker or number \_\_\_\_\_

Bpa representative initials \_\_\_\_\_

ADOPTER'S NAME \_\_\_\_\_

Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ Please print legibly. This is how we register your microchip!

PLACE LABEL HERE

### PAYMENT OPTIONS

Adoption Fee \_\_\_\_\_ Payment Type: cash \_\_\_\_\_ check# \_\_\_\_\_ license # \_\_\_\_\_ (make copy)

circle card type - VISA      MASTERCARD      AMEX      SQUARE

Card Number \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

This Contract is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by Beaumont Pets Alive (BPA), a 501(3)(c) nonprofit corporation organized under the laws of the State of Texas, and the above referenced adopter (Adopter).

**TURN OVER TO COMPLETE**

BPA agrees to provide for the adoption of, and Adopter agrees to adopt the pet described above ("Pet") according to the terms and conditions set forth herein:

1. Adopter must be at least 18 years old to adopt this Pet.
2. Adopter understands the Pet he/she is adopting has been surrendered, abandoned, or in some way displaced. The Pet may have been abused or neglected. There may only be limited, if any, information available regarding the Pet's previous environment. Adopter acknowledges receipt of all available information and medical records for the Pet from BPA. There will be an adjustment period for the Pet, and Adopter agrees to be patient and understanding during this time.
3. Adopter agrees the Pet is in good health and temperament except as set forth in this Contract. Known Medical and Behavioral Conditions are as follows:

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BPA makes no express or implied warranty, representation or promise to the age, health, breed, habits, disposition or safety of this Pet.

4. Adopter agrees to accept this Pet as a companion to live in Adopter's home and shall not be allowed to roam freely. Adopter agrees to provide this Pet with proper shelter, food, water, veterinary care, and loving attention. Adopter agrees to provide Pet with appropriate exercise for his/her species. Adopter agrees to obtain pertinent information regarding the proper care of this Pet and to seek assistance from appropriate resources, including BPA.
5. Adopter agrees he/she is financially able and willing to medically care for the Pet, including routine medical care such as vaccinations and flea and heartworm prevention. Adopter acknowledges the prevalence and deadliness of heartworm disease in Southeast Texas and agrees to keep the Pet on proper heartworm prevention unless otherwise directed by a licensed Veterinarian.
6. Adopter understands and agrees it is important to keep proper identification on the Pet and to keep the microchip information updated at all times. To update go to [foundanimals.org](http://foundanimals.org)
7. Adopter agrees his/her adoption fee is a donation to BPA as a charitable organization. Adopter acknowledges the adoption fee helps to cover BPA's expense of raising and caring for the Pet. Adopter understands the adoption fee is not refundable under any circumstances, except as provided in this paragraph. Adopter agrees to contact BPA within three (3) business days following adoption should he/she request to return the Pet. Refund of any adoption fee is valid only within the first three (3) business days. Adopter further acknowledges and agrees that BPA is not responsible for and will not refund to Adopter any veterinary expenses paid to any veterinarian at any time after the date of adoption of this Pet.
8. Adopter acknowledges it is possible for the Pet to be a carrier of, or infected with, a disease or illness that is undetectable during the Pet's initial or pre-adoption medical exam. As discussed above, if the Adopter has any concerns or chooses to return the Pet, the Pet may be returned to BPA within the three (3) business days following adoption for a refund. Adopter acknowledges and understands that by adopting this Pet, Adopter is taking full responsibility, as the Pet's new owner, to care for any unknown, pre-existing or future disease or illnesses this Pet may have. BPA is not responsible for any incidence of disease or illness in other animals in Adopter's home.
9. Adopter promises to comply with all applicable pet laws and ordinances enforced in the state and municipality in which Adopter resides. Adopter understands if he/she **requests to return the Pet after 3 (three) days, there is a \$150.00 fee associated with BPA finding the Pet a new home.** Adopter acknowledges the fee covers boarding and medical treatment. The fee is required to be paid to BPA in advance of surrendering the Pet.

#### Adopter Acknowledgement:

I hereby accept the Pet as is, assume all risks and responsibilities associated with the ownership of the Pet, including bites, and I hereby fully and completely release, indemnify and hold harmless Beaumont Pets Alive, its owners, directors, officers, volunteers, employees, and agents from any claim, cause of action or liability of any sort or nature, whether known or unknown, directly or indirectly arising out of or in connection with the adoption, care or ownership, maintenance, temperament or condition of this Pet.

I certify all statements made by me on this Pet Adoption Contract are true and correct. I agree that BPA has the right to prosecute if my check for the adoption fee is returned for insufficient funds. I have read, understand, and agree to be legally bound by the terms of this Pet Adoption Contract.

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

BPA Representative: \_\_\_\_\_ Date: \_\_\_\_\_