

## Illinois Humane

PO Box 512, Springfield, Illinois 62705; (217) 698-3804, Illinois Shelter License No. 10913

### ADOPTION CONTRACT

1. Illinois Humane will provide veterinary services for condition that may have been contracted by the adopted animal while it was in Illinois Humane's custody subject to the following conditions:

- a. The adopter must call Illinois Humane within seven (7) days of the adopter taking custody of the adopted animal.
- b. Illinois Humane will only provide veterinary services by a veterinarian named and arranged for by Illinois Humane.
- c. Illinois Humane will be responsible only for expenses pre-arranged and pre-approved by Illinois Humane.

Illinois Humane will not cover medical expenses for a condition caused or contracted after the animal left Illinois Humane's custody and will not cover expenses for detected or undetected chronic conditions, such as but not limited to diabetes or cancer. (Please initial)

\_\_\_\_\_

2. Illinois Humane will accept an animal back with a full refund up to seven days after the date of finalization of the adoption. Illinois Humane will mail the refund to the adopter of record within a reasonable period of time. After seven days from the date of the adoption, the adopted animal may be returned to Illinois Humane without refund at any time for any reason. (Please initial) \_\_\_\_\_

3. I am aware that animals are different from human beings in their responses to human actions and that the actions of animals can be unpredictable and they should be closely supervised when they are with children. (please initial) \_\_\_\_\_

4. I am aware that an animal's behavior may change after he/she leaves the custody of Illinois Humane and accustoms himself/herself to a home or different environment. (please initial) \_\_\_\_\_

5. I agree to take the animal to a veterinarian for examinations, vaccinations and any medical treatment as needed and provide good quality food and water and adequate shelter and humane treatment at all times. (please initial) \_\_\_\_\_

6. I AGREE THAT IF AT ANY TIME, Illinois Humane obtains information that:

- a. the animal has not been taken to a veterinarian for examinations, vaccinations and any medical treatment as needed;
- b. the animal has not been provided good quality food and water;
- c. the animal lacks adequate shelter and humane treatment;
- d. the animal has been abandoned; or,
- e. the animal has been left with someone unwilling or unable to provide care for any amount of time for the animal;

I will release and return the animal to Illinois Humane immediately and shall relinquish all claim and interest in the animal. (please initial) \_\_\_\_\_

Illinois Humane may examine and make inquiries about the adopted animal at any time.

Any veterinary services needed due to negligence or lack of care, will be the adopters responsibility and payable to Illinois Humane. (please initial) \_\_\_\_\_

7. Further, upon good cause to believe that the adoptive household or guardian/owner is involved with the consumption, possession or sale of any illegal substance, or is involved in any criminal activity, including domestic violence, the animal that is the subject of this contract shall be relinquished and returned to Illinois Humane. (please initial) \_\_\_\_\_

8. A pre-adoption home visit is required: Date scheduled: \_\_\_\_\_. Follow-up home visit(s) is/are required. Date(s) scheduled : \_\_\_\_\_

9. I agree to notify Illinois Humane within 10 days of any change of address or phone number. (please initial) \_\_\_\_\_

10. Should for any reason the adopter determine that he or she can no longer care for and maintain the animal that is the subject of this contract, he or she shall contact Illinois Humane and return and relinquish that animal to Illinois Humane. Should the adopter have someone in mind to whom he or she would like to pass custody of the animal, the undersigned adopter hereby agrees that Illinois Humane may conduct its application process with that individual and Illinois Humane retains the right to refuse placement of the animal with the selected individual and instead regain custody of the subject animal. (please initial) \_\_\_\_\_

11. I understand that Illinois Humane will charge a \$25.00 fee for any returned check. (please initial) \_\_\_\_\_

12. I have read the contract and have had any questions answered to my satisfaction. (please initial) \_\_\_\_\_

13. I understand that Illinois Humane makes no guarantees or warranties regarding the health or temperament of animal that is the subject of this adoption contract. I promise and agree to be solely responsible for this animal, and to indemnify and hold harmless Illinois Humane from any and all claims of liability for the conduct of this animal on or after the date of this adoption. This Release of Liability and Indemnification shall apply to all known, unknown and unanticipated damages resulting from my/our adoption, ownership or control of such animal.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Adopter

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS AND WILL KEEP THE DOG DESCRIBED HEREIN AS A FAMILY MEMBER. I UNDERSTAND THAT THIS IS A BINDING CONTRACT ENFORCEABLE BY CIVIL LAW.

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

Adoption Date: \_\_\_\_\_ Animal's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Adopter's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work/other) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adoption Counselor

\_\_\_\_\_  
Date

Amount Paid \$ \_\_\_\_\_

Method of Payment, circle one

Cash

Check

Check No. \_\_\_\_\_