



St. Martin's Animal Foundation  
Health - Rescue - Education

## Adoption Agreement

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

Shelter Name: St. Martin's Animal Foundation

Phone: (818) 771-8750

Address: \_\_\_\_\_

Pet Name: \_\_\_\_\_ ID: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ S/N: \_\_\_\_\_

Color and Description: \_\_\_\_\_

Adopter Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Notes:

### CONTACT INFO

Direct Phone: 747-230-2169    Hotline: 818-771-8750    Email: [lovingsgi@gmail.com](mailto:lovingsgi@gmail.com)



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AS THE ADOPTING PARTY, I AGREE TO THE FOLLOWING PROVISIONS:

- 1) If the pet is not already altered, I agree to have the pet altered by \_\_\_\_\_
- 2) I agree to keep an identification tag attached to a properly fitted collar which will remain on the adopted animal at all times, whether inside or outside the house, and to obtain all of the necessary city licenses required by local authorities.
- 3) I agree to provide the adopted pet with necessary inoculations at the intervals advised by my veterinarian.
- 4) I agree to have the adopted pet under my control when it is not on the confines of my property. A secured fenced area will be provided for dogs, including shelter from the elements. If the adopted pet is a cat, I agree to keep the cat as an indoor only pet. The adopted pet will not be tied or chained.
- 5) If for any reason I cannot keep the adopted pet, I agree to notify the Adoptee (name and address above), of the availability of the pet and to return the adopted pet upon request.
- 6) I agree not to abuse or neglect the adopted pet, and I authorize the Adoptee, at his/her sole discretion, to determine whether or not the pet has been abused or neglected.
- 7) I understand that any failure to perform the foregoing agreement will constitute a breach of contract. I authorize the Adoptee to reclaim both possession and ownership of the Adopted pet.
- 8) I understand that the pet covered by these adoption papers, is as far as can be determined by the Adoptee, in good health and that the Adoptee is not responsible for any medical fees incurred after the adoption date. However, if a health problem develops during the first 10 days, I should notify the Adoptee to discuss the matter.
- 9) I agree to give the Adoptee visitation right to ensure that the terms of this adoption agreement are being observed.

Adoptee Signature: \_\_\_\_\_

Adopter Signature: \_\_\_\_\_

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