



100 N. 2nd St · Phila, PA 19106
1810 Grant Ave · Phila, PA 19115
2900 Grays Ferry Ave · Phila, PA 19146
www.phillypaws.org · 215-298-9680

Adoption Contract

ANIMAL ID #(s):

Name(s):

Type (circle one): Dog Cat Small Animal Color:

Approx. Age: Weight:

Location adopted from:

In adopting my new pet from PAWS, the Philadelphia Animal Welfare Society, I understand and agree to the following:

_____ I am adopting a pet who may have been stray or surrendered. I understand that **PAWS cannot be certain that this animal has not been exposed to disease or illness or has no behavioral problems.**

_____ I will give this animal a good and loving home, providing sufficient food, water, shelter and medical attention including annual health checks and vaccinations as recommended by my veterinarian. **I understand that I must enroll my pet as a patient at a full service veterinarian in the first month after adoption.**

_____ I understand and agree that for my pet's own safety and wellbeing, it will live indoors.

_____ **I will not have my pet declawed or have any other cosmetic medical procedures performed on my pet.**

_____ I understand all medical waivers in my adopted animal's medical record; what medications, if any, my adopted animal is currently receiving, including their purpose and how to administer them; and I agree to care for these concerns. Further, I affirm that any medications I have received for my animal are in containers labeled by PAWS.

_____ I understand that if my new pet becomes ill within 21 days of adoption with a pre-existing or shelter-acquired condition, **I can use the designated walk-in hours at a PAWS clinic where they will be evaluated free of charge.**

I understand that PAWS clinics are not able to provide the same range of medications, diagnostics, or procedures as a full-service veterinary hospital, and I may still need to take my pet to such a facility. **I understand that I am assuming ALL costs for care, illness or injury if I choose to have my pet treated at a facility other than PAWS and that no portion of that expense will be paid by PAWS.**

_____ I understand that on the 22nd day following adoption, it will be my sole responsibility to have any injury or illness promptly treated at a veterinary hospital and I must bear all costs for treatment.

_____ If I am adopting a cat, I understand that it has not been tested for FeLV/FIV unless otherwise noted in its medical record. If I am adopting a dog, I understand that it has not been heartworm tested.

_____ If I am adopting a small animal that has not been spayed or neutered, I agree that I will not breed them or house them with an opposite-sex animal of the same species.

_____ I certify that I have never been charged with or convicted of animal cruelty and I will comply with all laws and ordinances regarding pet care and ownership.

_____ I will not sell, give away, or abandon this animal. If I cannot keep my pet, I will return them to PAWS.

_____ If I am found to be in violation of this contract, I understand that upon demand, I am obligated to surrender the animal to PAWS immediately.

_____ **I UNDERSTAND THAT MY ADOPTION FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE.**

I, the undersigned, have read, initialed, and agree to all of the above conditions and am 18 years or older.

Name:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

ID Type (i.e. PA Driver's License):

ID #:

Signature:

Date:

Payment Method: CASH Venmo ShelterPay Other:

Adoption Fee: \$_____ Supplies: \$_____ Additional Donation to PAWS: \$_____ TOTAL: \$_____