



# LHS

## Adoption Contract

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\_\_\_\_\_  
Name of Cat/Kitten

\_\_\_\_\_  
BREED      AGE      COLOR

Adopter agrees to indemnify and hold harmless, Legacy Humane Society at Rockwall Animal Adoption Center (HEREINAFTER REFERRED TO AS "LHS"), and their agents, employees, representatives, volunteers, or board members, for any damages and/or injuries to any person, property, or other animals as a direct or indirect result of the adoption and/or receipt of this animal. Further, Adopter indemnifies and releases LHS from any and all past, present and future liability, claims, rights, damages, debts, costs, causes of action, and demands of any kind whatsoever, whether based in tort, contract, or other theory of recovery, including, but not limited to any claim for personal injuries or loss of services or loss of consortium, which the Adopter or their heirs, administrators, or assigns, ever had, nor have, or may have in the future have, against LHS and for its employee or volunteers, arising by reason of or in any way related to or connected with, or that may be traced, either directly or indirectly to the adoption of the said animal.

Please initial by each item below to certify that you agree to comply with the following statements:

- 1. I am an Adult (over the age of 21) with responsibility for maintaining the adopting household
- 2. I have the knowledge and consent to adopt a cat or kitten by all adults living in household.
- 3. I am and will be able and willing to spend the time and money necessary to provide for the training, medical treatment and proper care for the pet as well as to keep him/her current on vaccinations for the entirety of the cat's life.
- 4. I will place personal ID on the animal immediately upon adoption and register my pet with the city.
- 5. This is not a Gift Adoption. I understand that LHS will not allow the pet to be adopted by anyone other than myself, the intended owner as stated on the application.
- 6. I agree to provide the pet with an indoor home and consider the pet as a member of the family.
- 7. If the cat/kitten I am adopting is not already altered, I understand that all LHS pets are neutered/spayed ("SN") on their pre-scheduled appointment dates with an in network LHS vet. This appointment can only be rescheduled for medical emergencies and must be cleared by at vet at LHS. I understand that LHS will not accept letters from vets outside LHS requesting that the S/N appointment is moved.
- 8. If any health related problem occurs during the 5 day trial period, I understand that I may contact LHS for help w/ such issues; I understand that LHS WILL NOT reimburse for vetting that does not have prior authorization from the Supervisor at the LHS. I understand that by electing to take my cat/kitten to a vet WITHOUT written authorization, you forfeit your right to have LHS pay for services.
- 9. I understand that LHS does NOT Guarantee the Breed, Weight, Age, Temperament and Health of the cat/kitten you are adopting.
- 10. I understand that there is a 5 day trial window. During this period, I have the opportunity to make certain that the cat or kitten is right for my family and lifestyle. The 5 day trial begins the day that this contract is signed and the trial period is over at midnight on the 5<sup>th</sup> day. At the end of my trial period, the adoption is finalized.
- 11. Should I decide to return the pet adopted from LHS at any time post the 5 day window, I will not get my money back.

***Failure to adhere to the contract can and will subject you to lawsuit for breach of contract and liquidated damages of \$1000.00 plus court costs and return of the cat to Legacy Humane Society custody. Although LHS does not wish to file suit, for the sake of the cat, we will prosecute if this contract is not followed and we appreciate your understanding in this matter.***

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

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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Contact Number

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\_\_\_\_\_  
Signature of LHS Staff/Volunteer      Date

\_\_\_\_\_  
Print Name of LHS Staff/Volunteer