

# JACKSON COUNTY HUMANE SOCIETY (ARF)

PO Box 298, Sylva, NC 28779

877-ARF-JCNC

http://www.a-r-f.org

- Veronica Nicholas 877-ARF-JCNC x6   
  Jean Lewis 293-5629; 877-ARF-JCNC x2   
  Annie Harlow 877-ARF-JCNC x3  
 Mary Adams 877-ARF-JCNC x0   
  Spay / Neuter 877-ARF-JCNC x1   
  Other \_\_\_\_\_

## CONTRACT FOR ADOPTION OF AN ANIMAL

The Jackson County Humane Society (ARF) and \_\_\_\_\_ (Buyer) hereby contract for the adoption of an animal, described as follows:

Pet Information			Records at	Under Name	Pet ID Info
<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> M <input type="checkbox"/> F	Age: Breed:	Name: Description:	<input type="checkbox"/> AHA (828)252-2079 <input type="checkbox"/> SAH (828)586-8587 <input type="checkbox"/>		RV tag:            Issuer: Shelter ID# AHA id:

For \$ \_\_\_\_\_ and other consideration paid by Buyer to Jackson County Humane Society (ARF) (receipt of which is acknowledged), ARF hereby sells animal to Buyer upon the following terms and conditions:

- Buyer shall provide safe and adequate accommodations and shelter for animal, with adequate food and water, as defined by NC General Statute 19A-23.
- Buyer shall insure that the animal is properly immunized and deparasitized within 14 days of the execution of this contract **including such vaccinations as are required by NC state law** (see Health Record for treatments ARF has already provided).
- If the animal is a puppy or kitten that requires booster vaccines, this contract also covers those booster vaccines detailed on Health Record if obtained at Sylva Animal Hospital (This contract **does not cover** required office visit fee. Call **586-8587** for appointment; **bring this contract and Health Record** with you).
- If animal is seen by a licensed veterinarian within 14 days and pre-existing condition is found, Buyer may exchange animal or elect medical treatment. In this case, ARF may help pay veterinary costs at rates consistent with those charged to ARF by Sylva Animal Hospital. ARF will not be responsible for conditions arising after seller takes possession of animal.
- Buyer shall not allow animal to reproduce, even once, for any reason.** Buyer shall have animal spayed / neutered, if the same has not already been done, within \_\_\_\_\_  days  months of the execution of this contract. The adoption fee covers this procedure at Asheville Humane Alliance (ARF will provide transportation) OR at Sylva Animal Hospital with presentation of this contract.  
**Note:** If another veterinarian is to be used, prior approval must be obtained from JCHS / ARF. ARF agrees to contribute up to \_\_\_\_\_ toward to cost of spay/ neuter.
- Beyond the care detailed above, Buyer agrees that all future costs incurred for care of pet, including medical or legal costs, are the Buyer=s sole responsibility, unless specified here and agreed to in writing by ARF Volunteer (specify below).
- Buyer agrees that the animal shall not be ill-kept, abandoned, neglected or subjected to cruelty, as defined in NC General Statute 19A-1. Animal cruelty or neglect is a criminal offense.
- It is the understanding of all parties involved that this agreement is made to ensure proper care and maintenance of the animal, and to avoid proliferation of unwanted offspring. **In the event the buyer cannot or does not follow through, this agreement allows repossession of the animal by the seller.**

Buyer=s Agreement: **I have read and understood all parts of this contract**, I have received a list of required vaccinations and treatments, and I have initialed where required. I agree that if I am unable to care for this animal as stated above and am unable to find a home for it, I will return it to Jackson County Humane Society/ ARF or, if ARF is unable to reclaim the animal, to a licensed shelter. I understand that adoption fees are not refundable for any reason, unless a trial agreement is approved by a volunteer.

Buyer=s Signature \_\_\_\_\_  
 Street Address \_\_\_\_\_

Phone Number \_\_\_\_\_  
 Driver's License \_\_\_\_\_ ST \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

This is the \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_.

Check # \_\_\_\_\_ Neutered  yes  no

Detail special permissions or approvals (ARF volunteer should initial)